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	(Requestor's Name)	
	(Address)	
· <u>-</u> ,	(Address)	
	(City/State/Zip/Phone #)
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	(Document Number)	
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COVER LETTER

TO: R	egistration Sec ivision of Corp	ction porations		
SUBJECT	:	PRACE MA/UK Name of Lin	ited Liability Company	FUG, LLC
The enclose	ed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspor	dence concerning this matter	to the following:	
		GRACEN	BAYBERR	SOUTING, UC
		MARK @ E-mail address: (t	City/State and Zip Code CRACEMAR to be used for future annual repo	KCONSULTING. COM
For further i	nformation cor	ncerning this matter, please ca		
M	ARK TA Name of F	HALANCE Person	at (207-9588 Daytime Telephone Number
Enclosed is:	a check for the	following amount:		
\$25,00	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Come	VSULTING LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L220003911</u> 2	were filed on $\frac{09/07/2022}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	B130 BAYBERRY ROAD JACKSON UTILE, FL 32250
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	B130 BAYBEARY ROAD JACKSONVILLE, FL 32256
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	02u
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida CI
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
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reffeci <u>te:</u> If	e date, if other than the date of filing:
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ed	3-30-24 2024 MULT in-cc Signature of a member or authorized representative of a member
	MARIO
	- 1/1/1/1 wec-

Filing Fee: \$25.00