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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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| | ration Se on of Cor | ction porations | | | |
|------------------------|---------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------|--------------------|
| Rice Rice | dgeback | Consulting Services, LLC | | | |
| SUBJECT: | | Name of Lin | nited Liability Company | | |
| The enclosed Ar | rticles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all | correspo | ondence concerning this matter | to the following: | | |
| | | Jonathan Puleo | | | |
| | | •• | Name of Person | | - |
| | | Ridgeback Consulting Ser | vices, LLC | | |
| | | | Firm/Company | | _ |
| | | 4221 NW 118th Ave | | | |
| | | | Address | | 22 |
| | | Sunrise, FL 33323 | | | 22 SEP 25 PM 1: 10 |
| | | | City/State and Zip Code | | 47 ct 25 |
| | | jpuleo@myqlm.com | to be used for future annual rep | vert natification) | |
| For further infor | mation c | oncerning this matter, please c | | | H: 10 |
| Jonathan Puleo | | | 321 6931. | 373 |) ş |
| | Name o | Person | at () Area Code | Daytime Telephone Numbe | г |
| Enclosed is a che | eck for th | e following amount: | | | |
| ■ \$25.00 Filin | g Fee | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy radditional copy is enclose | ed) Certified | ite of Status & |
| Regist Divisio | g Addres tration S on of C Box 632 | Section orporations | Division of | ress: on Section of Corporations re of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Ridgeback Consulting Services, LLC | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company were filed on 09/12/2022 | | and assigned | |
| Florida document number <u>L.22000398100</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | hty Company," the designation "LLC" or the abbre | eviation "L.L.C | |
| Enter new principal offices address, if applicable: | 4221 NW 118th Ave. Sunrise, FL 33323 | 22 | <u>:-</u> |
| (Principal office address MUST BE A STREET ADDRESS) | | SE 33 | 957 957 |
| | | 2 | <u> </u> |
| Enter new mailing address, if applicable: | 4221 NW 118th Ave. Sunrise, FL 33323 | P | EURE G |
| (Mailing address MAY BE A POST OFFICE BOX) | | * * | 2:2 |
| | | 0 | ÷ |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name o | of the new r | egister |
| New Registered Office Address: | | | |
| The Winegistered Office Madies. | Enter Florida street address | · · · · · · · · · · · · · · · · · · · | |
| | . Florida | 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MGR | Jonathan Puleo | 4221 NW 118th Ave Sunrise, FL | ■Add |
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| | date, if other than the date of filing:(optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 | 505.03 isted | 207 (as 1 |
| Note: If | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lit's effective date on the Department of State's records. | | |
| Note: If documen e record s | t's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af | fter t | he |
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