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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : 2D CONSULTING ENTERPRISE LLC

Account Number : I20220000099 : (904)382-0889 Fax Number : (321)296-7174

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

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T. LEMIEUX JAN 26 2024

COVER LETTER

SERVI	CES ENTERPRISE LLC		
	Name of Lin	ited Liability Company	
icles of .	Amendment and fee(s) are sub	mitted for filing.	
correspo	ndence concerning this matter	to the following:	
	FLOR LOZANO DUGGE	R	
		Name of Person	
	2D CONSULTING ENTE	RPRISE LLC	
		Firm/Company	
	241 HAMMOCK AOK CI	RCLE	
		Address	-
	DEBARY, FLORIDA 327	13	
		City/State and Zip Code	
		·	ntification)
nation co	oncerning this matter, please c	nll:	
DUGG	ER	904 382-0889 at ()	
Name of	Person	Area Code Dayti	ine Telephone Number
ck for th	e following amount:		
; Fee	S30.00 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)
		Street Address: Registration S	Section
on of C	orporations	Division of C	orporations
			Tallahassee roe Street, Suite 810
	icles of Address ation Son of Cox 632	FLOR LOZANO DUGGE 2D CONSULTING ENTE 241 HAMMOCK AOK CI DEBARY, FLORIDA 327 2DCONSULTINGENTERI E-mail address: (mation concerning this matter, please color DUGGER Name of Person ck for the following amount: (3 Fee \$\square\$ \$30.00 Filing Fee &	SERVICES ENTERPRISE LLC Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filling. correspondence concerning this matter to the following: FLOR LOZANO DUGGER Name of Person 2D CONSULTING ENTERPRISE LLC Firm/Company 241 HAMMOCK AOK CIRCLE Address DEBARY, FLORIDA 32713 City/State and Zip Code 2DCONSULTINGENTERPRISE@GMAIL.COM E-nail address: (to be used for future annual report in annual report in the following amount: DUGGER Name of Person at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L.22000113886 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Flurnda street address Florida City See Registered Agent's Signature, if changing Registered Agent: Thereby accept the appronument as registered agent and agree to act in this capacity: I further agree to comply with the capacity of the proportion of the content of the content of the capacity of the proportion of the content of the capacity of the proportion of the capacity of the proportion of the capacity of the	HM SERVICES ENTERPRISE ELC		
The Articles of Organization for this Limited Liability Company were filed on 09/22/2022	(Name of the Limited Liability	(ty Company as it now appears on our records.)	•
Florida document number L2200013886 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Fater Florida street address Florida City Florida Thereby accept the approximent as registered agent and agree to act in this capacity. I further agree to compile with	(A rioliu)	a Limited Catolity Company)	
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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			
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.			uny
company has over nontrea in writing of this change.	company has been usuffed in writing by this critinge.		

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

<u>Title</u>	Name	Address	Type of Action
			
			□Remove
			□ Change
			□Add
			Петюче
			☐ Change
			
			□Remove
			□Remove
			□Change
			⊜Add
			ПRстюче
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THE COMPANY IS ORGAN	IZED TO DO INMIGRATIO	N SERVICES, INSURAI	NCES SALES,
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ecord specifies a delayed effective is filed.	date, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after th
ed January 20	2024		
	Luis Hernandez Signature of a member or authoriz	Contreras	
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