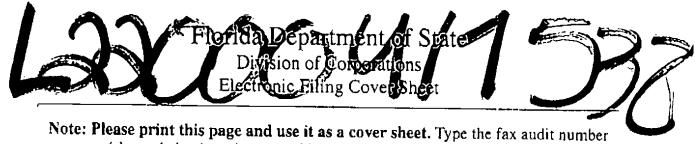
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name : SG PROJECT MANAGEMENT LLC

Account Number : I20220000151 Phone : (754)226-4414 Fax Number : (954)613-4136

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EVERFIRST CONSULTING LLC

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T. LEMIEUX JUN 3 n 2023

H 230002311843 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E	VERFIRST CONSULTING LLC	
(Name of the Lim)	ted Llability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number	iability Company were filed on	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company bere:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailine address MAY BE A POST OFFICE)	<u>BOX</u>)	22013
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>er</u> <u>is bere</u> :	nter the name of the new-registers علام الله الله الله الله الله الله الله ا
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		. Florida
	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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H23000231184 3

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u> AMBR	<u>Name</u> ROGERIO AMORIM, ADILSON	Address 1835 6 Hallandalg beach blvd 1807 Hallandale beach, yl 3300	Type of Action
			🗆 Add
			≣Rcmovc
			□Change
AMBR	AMORIM, ADILSON R	HOUSE HALLAMORITE OBJECTH DITAU & ALLIN ADDITE REALIST, PLANSISM	= Add
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an offec √ote: If	e date, if other than the date of filing: (optional) tive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at selective date on the Department of State's records.
record : d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	JUNE 28 2013.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00