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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: WELSTER TNUESTING | ent of CONSULTING | GROUP LLC |
| Name of Lim | ited Liability Company | ·· |
| | the Arca of Pro- | |
| The enclosed Articles of Amendment and fee(s) are sub | mitted for thing. | |
| Please return all correspondence concerning this matter | to the following: | |
| Kenneth | (UEBSTER Name of Person | |
| W.I.C | . G. LLC Firm/Company | |
| | Address | |
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| AllAhasse | $\frac{\mathcal{E} FL.323/7}{\text{City/State and Zip Code}}$ | |
| CONTRACT | ORSINC AOI, C | om_ |
| E-mail address: | (to be used for future annual report notif | ication) |
| For further information concerning this matter, please of | call: | |
| KENNETH WEBSTER | at (<u>504</u>) 722- Area Code Daytimo | 8622 |
| Name of Person | Area Code Daytimo | : 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 Sec Division of Cor The Centre of T 2415 N. Monro Tallahassec, FL | porations fallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

TORS JAN 19 PM 1:22 Webster Investment & Consulting Group

(Name of the Limited Liability Company as it now appears on our records.) jability Company as it now appears on our records.)
Torida Limited Liability Company) Florida document number <u>L22</u>000 43/37/ 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 "L.L.C." 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 |
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| in effective | date is listed | d, the date mus | t be specific a | nd cannot be | e prior to date applicable s | of filing or n anutory filit | nore than 90 c ac requirem | lays after filing ents, this date | .) Pursuant to 60 will not be lis |)5.0207 sted as |
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| l is filed. | | | | | | | | | | |
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| | | 9 | Just | H L | lle e | he | | | | |
| - | | /23 | Signature of | a member o | or authorized | representativ | e of a membe | :1 | | |
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Filing Fee: \$25.00