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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNCOMMON BUSINESS GROUP CONSULTING LLC

| Certificate of Status | 0 |
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| Certified Copy | <u> </u> |
| Page Count | 05 |
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MAR 2 4 2023

To:

COVER LETTER

| | egistration Se ivision of Cor | | | | |
|-------------|----------------------------------|---|---|--|---|
| endo incom | UNCOMY | ION BUSINESS GROUP CON | SULTING LLC | | |
| SUBJECT | · | 10N BUSINESS GROUP CON Name of Limit | ted Liability Company | | |
| | | | | | |
| The enclos | ed Articles of | Amendment and fee(s) are subr | nitted for filing. | | |
| Please retu | m all correspo | ondence concerning this matter t | o the following: | | |
| | | Cheyenne Moseley | | | |
| | | | Name of Person | | |
| | | Legalzoom.com, Inc. | | | |
| | | | Firm Company | | |
| | | 101 N Brand Blvd 11th Fl | | | |
| | | | Address | | |
| | | Glendale, CA 91203 | | | |
| | | randy.stott@gmail.com | City/State and Zip Code | : | |
| | | L-mail address; (to | o be used for future onnual | Freport notifie | ration) |
| For further | information c | oncerning this matter, please ca | 11: | | |
| Cheyenne | Moseley | ì | 800 70 | 73-0888 | |
| | Name o | f Person | at () Area Code | Daytime " | Telephone Number |
| Enclosed is | s a check for th | ne following amount: | | | |
| \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy tadditional copy is en | | ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registr Divisio P.O. Bo | ING ADDRESS: ration Section on of Corporations ox 6327 assec, Ft. 32314 | Registra Divisior Clifton I | TT/COURTE ation Section 1 of Corporat Building secutive Cent | |

Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on our records.) (All Florida Limited Liability Company) | ··· |
|---|-----------------------|
| The Articles of Organization for this Limited Liability Company were filed on $\frac{10/31/2022}{\text{Porida document number}}$ | and assigned |
| 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 Erability Company," the designation "ELC" 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) | |
| | |
| | |
| 3. If amending the registered agent and/or registered office address on our records, enterestered agent and/or the new registered office address here: | er the name of the |
| 3. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here: Name of New Registered Agent: | er the name of the |
| registered agent and/or the new registered office address here: | |

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, E.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

To:

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------|-------------------------------------|----------------|
| AMBR | Jolene Favero Stott | | |
| | | 5315 Olano St., Palmetto, FL 34221 | |
| | | | ■ Remove |
| | | | Change |
| AMBR | Randall Stott | 5315 Olano St., Palmetto, Fl, 34221 | |
| | | | ■ Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | Remove | |
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| | | | D AdJ |
| | | , | Remove |
| | | | ☐ Change |

To

| Note: | tive date, if other than the date of filing: [Rective 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 (I filthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records |
|-------|--|
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | 303/20 Cubble Signature of a member or authorized representative of a member |
| | Randall Stott |
| | Typed or printed name of signee |

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Filing Fee: \$25.00