

7/10/23, 9:23 AM

Division of Corporations

**L22000180202**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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From:

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONSULTIC LLC**

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JUL 11 PM 9:10

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JUL 11 2023

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: CONSULTIC LLC**

\_\_\_\_\_  
 Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

\_\_\_\_\_  
 Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
 Firm/Company

101 N Brand Blvd 11th Fl

\_\_\_\_\_  
 Address

Glendale, CA 91203

\_\_\_\_\_  
 City/State and Zip Code

mybhendran@theconsultic.com

\_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

\_\_\_\_\_  
 Name of Person

\_\_\_\_\_  
 Area Code

\_\_\_\_\_  
 Daytime 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/COURIER ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSULTIC LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company).

The Articles of Organization for this Limited Liability Company were filed on 11/10/2022 and assigned  
Florida document number L22000480202.

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)

100 East Pine Street

Suite 110

Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 East Pine Street

Suite 110

Orlando, FL 32801

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:

100 East Pine Street, Suite 110

*Enter Florida street address*

Orlando

Florida

32801

*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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Akila Palani	100 East Pine Street, Suite 110 Orlando, FL 32801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SATHYANANTHAN, MAHENDRAN		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		100 East Pine Street, Suite 110 Orlando, FL 32801	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**3. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]


**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 (3)(c).

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 07/02/2023, \_\_\_\_\_



Signature of a member or authorized representative of a member

**Mahendran Sathyanathan**

Typed or printed name of signee