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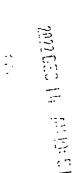
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## **COVER LETTER**

TO: Registration So Division of Con				
	ulting Services 1, LLC	٤		
SUBJECT:			· · · · · · · · · · · · · · · · · · ·	
	Name of Lim	ited Liability Company	•	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Hunter R. Higdon, Esq.			
		Name of Person		_
	Higdon Law, PLLC			
		Firm/Company	<u> </u>	
	3545 St. Johns Bluff Road	S, Suite 2		2021EC   14   67   15   51
		Address		
	Jacksonville, FL 32224			<u></u>
	<del></del>	City/State and Zip Code		- ;
	hunter@higdonlawpllc.com			.; <u>)</u>
	E-mail address: (	to be used for future annual report no	tification)	<u></u> `
For further information of	concerning this matter, please c	all:		
Hunter R. Higdon, Fsq.		850 565-0651		
Name o	of Person	at () Area Code Daytii	me Telephone Numbe	
Enclosed is a check for t	he following amount:			
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
		·		
Mailing Addre		Street Address:		
Registration		Registration Se		
Division of C P.O. Box 632		Division of Co The Centre of		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Club Consulting Services I, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on November 18, 2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
		- 3
		330
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Thing daires Mill DETTI OST OTTICE BON		***
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the na	••
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
	Circ	Zin 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 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>	Type of Action
MBR	Lexi Hendrix	3545 St. Johns Bluff Road S, Suite 2, Jacksonville, FL 32224	
			<b>≣</b> Add
			□Remove
			□Change
MBR	Landrey Hendrix	3545 St. Johns Bluff Road S, Suite 2, Jacksonville, FL 32224	
<del></del>			
			□ Remove
			Change
		·	
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ective date, if other than the	date of filing:	(ont	ional)
effective date is listed, the date mus	t be specific and cannot be prior to da	te of filing or more than 90 days afte	r filing.) Pursuant to 605.020
ument's effective date on the D	ock does not meet the applicable epartment of State's records.	statutory tiling requirements, til	is date will not be fisted a
cord specifies a delayed effectiv s filed.	e date, but not an effective time, a	at 12:01 a.m. on the earlier of: (	b) The 90th day after th
December 13	2022		
ed			
	Signature of a member or authorized		