## Laa000510141

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			
بغ	E&W Cons	sultation LLC	
SUBJECT:		ited Liability Company	<del></del> -
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		Dewain Edward	s
		Name of Person	
		E&W Consultat	tion LLC
		Firm/Company	
		111 N Orange Av	ve
		Address	
		Orlando, Florida 32	801
		City/State and Zip Code	
		NEDWARDS@ewcon	_
	E-mail address: (	to be used for future annual rep	ort notification)
For further information co	encerning this matter, please co	all:	
	Dewain Edwards	at ( 561 )	6187801
Name of	Person		Daytime Telephone Number
Enclosed is a check for the	e following amount:		
⊠ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Add Registrati	r <u>ess:</u> on Section
Division of Co			of Corporations
P.O. Box 632	=		e of Tallahassee
Tallahassee F	1 32314	2415 N. N	Aonroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ·	/v Consultation LL		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL22000510141	were filed on	12/07/2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desig	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		·	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, enter the name o	Ċri
Name of New Registered Agent:		Elisha Partner II	
New Registered Office Address:	Enter Florida	street address	
		, Florida	
<del></del>	City	, FIUITUA	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>	Address	Type of Action
MGR	Elisha Partner II	111 N Orange Ave, Orlando FL 32801	<b>⊠</b> Add
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			Change
			□Add
			□Remove
			□Change
			□Add
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			7: 25 (DA
			——————————————————————————————————————
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an effective da lote: If the d	e, if other than the date of the is listed, the date must be speci- ate inserted in this block does fective date on the Departmer	ic and cannot be prior to date of filing or more not meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 605.0207 (equirements, this date will not be listed as t
record specif I is filed.	ies a delayed effective date, b	it not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
ated	July 24		,
		2023 Open- K	
	Signature	of a member or authorized representative of	a member
		Dewain Edward	ds.
		Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00