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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:			

2122 Dr. co . 1.11.26

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOWEN CONSULTING LLC

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C.	BRUMBL	ΕY
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DEC 2 1 2022

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lowen Consulting LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000517687	were filed on 12/09/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Loewen Consulting LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation L.C."
Enter new principal offices address, if applicable:		ECK.
(Principal office address MUST BE A STREET ADDRESS)		
		350 <b>o</b> 11
		<u>in</u> in
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		m 7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:	W	
New Registered Office Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Enter Florida street address	
	Flori	
	Cia	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 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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			□Remove
			□ Change
			⊡Add
			□Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 filling or more than 90 days after filling.) Pursuant to 605 0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated December 20 Signature of a member or authorized representative of a member Morgan Noble Typed or printed name of signee

Filing Fee: \$25.00