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COVER LETTER

TO: Registration Se Division of Cor				
Lingenfelte	er Consultants, LLC			
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:		
	Lisa Y. Shorts Pitell			
		Name of Person		
	Pitell Law Firm, P.L.			
	··	Firm/Company		
	PO Box 5148			~ ?
		Address		•
	Niceville, Florida 32578			•
		City/State and Zip Code	··-	
	lyp@lyp-law.com F-mail address t	to be used for future annual report not	ification	
For further information c	oncerning this matter, please of	-		. 1
Lisa Y. Shorts Pitell		850 897-0045		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	itus &
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se		
Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee		
1.0.000.004		THE COURT OF		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ligenfelter Consultants, 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	were filed on December 22, 2022	and assigned
lorida document number L22000533316		
this amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	pility company here:	
Lingenfelter Consultants, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		- 3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · ·
Huning duaress MAT BE A FOST OFFICE BOX		
		
		, , , , , , , , , , , , , , , , , , ,
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the n	ame of the new registi
general de la		
Name of New Registered Agent:		
Name of New Registere Agent.		•
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
	 	 	□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add:
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D.	If amo	ending a	ny other	informatio	on, enter cl	nange(s) he	ere: (Attaci	h additional	sheets, if ne	cessary.)
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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	2023	
2	ul-	
	Signature of a member or authorized representative of a	member
	Thomas Wade Lingenfelter	
-	Typed or printed name of signee	

Filing Fee: \$25.00