5/9/23, 2:28 PM

# Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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

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

Email	Address:			
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENGAGE STRATEGIC CONSULTING, LIMITED LIABILITY COMPA

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Help S. ROBERTS

JUN 1 4 2023

TO:

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Registration Section

### **COVER LETTER**

Divi	ision of Corp	orations		
SUBJECT:		TRATEGIC CONSULTING,	LIMITED LIABILITY COMPAN	Y
JODGE CT.	<del>••••</del>	Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
		· · · · · · · · · · · · · · · · · · ·	Fim√Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		recman57@gmail.com		
		E-mail address: (to	o be used for future annual report notif	fication)
For further in	formation cor	scerning this matter, please cal	II:	
Cheyenne Me	oseley		800 773-0888 at ()	
	Name of I	cizou	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)

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

ENGAGE STRATEGIC CONSULTING, LIMITED LIABILITY COMPANY

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000001660	were filed on 12/27/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	805 N Olive Ave.	- 1
(Principal office address MUST BE A STREET ADDRESS)	Apr. #302	1023
	West Palm Beach, FL 33401	* =
Enter new mailing address, if applicable:	805 N Olive Ave.	
(Mailing address MAY BE A POST OFFICE BOX)	Арт. #302	-
	West Palm Beach, FL 33401	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her.  Name of New Registered Agent:		r the name of the new
New Registered Office Address:		
New Negariera (711te 71ttales).	Enser 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

To:

### 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
AMBR	MARRIN, NEIL D		□ Add
			[] Remove
		805 N Olive Ave., Apt. #302 West Palm Beach, FL 33401	■ Change
<del></del>	·		O Add
			□ Remove
			Change
			D Add
			Remove
			□ Change
<del></del>			O Add
			☐ Remove
			□ Change
			☐ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change

12016	ctive date, if other than the date of filing:  (optional)  (fective 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)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the inserted on the Department of State's records.
aycu	ment's effective date on the Expandition of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
the re	
the re	- /
the re ) Th	d5/3
) Th	1 5/3 , 2027.
) Th	1 Deet P
) Th	d

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Filing Fee: \$25.00