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COVER LETTER

TO:	Registration Section Division of Corporations	
	Chantelle's Consulting Services, LLC	
SUBJ	FCT:	
	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	

2023 FEB - 7 NH 8: 56

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	24th 2023	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabi				
Enter new principal offices address, if applicable:	316 Southern Pecan (lircle #105 Winter Gar	rden Fla 34787	
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			1023 FEB - 7 MM SECRETARY OF TALL AND SSE	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the</u>	name of the new r	egisteret
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	da street address		
		Florid		
	City		Zip Code	

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 amonding Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this block	ck does not meet the app	dicable statutory t	or more than 90 days	atter filing.) Pur	suant to 6 not be l	605,020 isted a
ocument's effective date on the Dep	partment of State's recor	rds.				
record specifies a delayed effective is filed.	date, but not an effectiv	e time, at 12:01 a	.m. on the earlier o	: (b) The 90	th day a	fter th
February 01st	2023					
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	Signature of a member or a	-	ative of a manther			
	signature of a member of a	umorizea representa	nive of a member			

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