123000073992

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COVER LETTER

SUBJECT:	·=	onsulting Group LLC			
SUBJECT		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for tiling.		
Please return	all correspond	lence concerning this matter t	o the following:		
		Aubrey Birrell			
			Name of Person		
		Prime Corporate Services			
Firm/Company					
		5250 S Commerce Dr Ste 2	00		
		Murray, UT 84107			
			City/State and Zip Code		
		Hesupport@primecorporates		···	
		E-mail address: (to	o be used for future annual report notific	ation)	
For further in	formation con	cerning this matter, please ca	II:		
Aubrey Birre	:11		855 577-4639		
	Name of P	erson	at ()	l'elephone Number	
Enclosed is a	check for the	following amount:			
⊠ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Skye Consulting Group LLC		` 1
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Eiability Company)	· ·
The Articles of Organization for this Limited Liabili Florida document number 1.23000073992		and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words.	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: <u>'Mailing address MAY BE A POST OFFICE BOX</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office:	•	ter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	Florid:	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
AMBR	MSG Capital Enterprises LLC		□ Add
		30 N. Gould St. Ste R. Sheridan WY 82801	Remove
			Change
AMBR	Robyn Steenstra	7901 4th Street N Suite 300, St Petersburg FL 33	<u>702</u> ⊟ Add
			Remove
			□ Change
			Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
			Remove
			☐ Change

	
	
fective date, if other than the date of filing: (options	ıl)
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filinger. If the date inserted in this block does not meet the applicable statutory filing requirements, this dacument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	n. on the earlier (
November 25th 2024	
Polyty Steenstra Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	~~~
11 million and a second of the	
Robyn Steenstra, Member of MSG Capital Enterprises LLC	

Page 3 of 3

Filing Fee: \$25.00