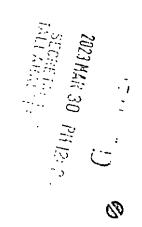
L230000808HI

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Cit	:y/State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Copies	Certificates o	of Status
Instructions to Filir	ng Officer:	
	J. HORNE MAR 3 1 2023	3
		ļ

Office Use Only



300405482213





FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/30/23

NAME: ACTA K CONSULTING, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO

70
ARTICLES OF ORGANIZATION Control of the All States of the All Stat
ARTICLES OF ORGANIZATION OF $\frac{2!2!H_{2i}30}{\sqrt{sechericle}} Frigz: 27$
ACC A LANGUE TO THE MANAGEMENT OF THE PARTY
ACIA K CONSULTING, LICE
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
i ı
The Articles of Organization for this Limited Liability Company were filed on 214 1023 and assigned
Florida document number <u>L_23000080841</u>
This amendment is submitted to amend the following:
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 abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Principal office address MOST BE A STREET ADDRESSY
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:

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.

Enter Florida street address

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>	<u>Address</u>	Type of Action
<u>AMBR</u>	Christina L. Brumer	Joo Island Blvd # 408 Arcotura, FL 33160	Add
			□Remove
			Change
			□Add
			Петюче
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□Add
		 	□Remove
			□Change
			🗆 🗆 Add
			□Remove
			□ Change

,—						
			-			
						
		<u></u>				
						
-				_		
				<u> </u>		
_						
		- - ·				
						
		<u> </u>		<u>. </u>	<u> </u>	
					·	
an effective lote: If th	edate is listed, the d e date inserted in	an the date of fil date must be specific this block does no in the Department o	and cannot be prior of meet the applic	able statutory filin	(option ore than 90 days after grequirements, this	onal) filing.) Pursuant to 605.0207 date will not be listed as
record spe is filed.	cifies a delayed e	effective date, but	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
ated	Mach	30 Signature o	. 2013			
			10t	¥		
		Signature o	f a momber or author	orized representative	of a member	

Filing Fee: \$25.00