Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter	the	email a	address	for	this	busin	ess	entity	to	be u	sed	for	futur	e
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RHAMAH NORRIS CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMEUX

AUG 15 2023 Help

Corporate Filing Menu

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#### Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHAMAH NORRIS CONSULTING, LLC					
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Liability Company)				
The Articles of Organization for this Limited Liability Compan Florida document number L23000096189	y were filed on 02/15/23	and assi	igned		
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Lamited Liab	otlity Company," the designation "LLC" or the ab	breviation "L.I	C,"		
inter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)		<del></del>			
Enter new mailing address, if applicable:	10460 Roosevelt Blvd				
Mailing address MAY BE A POST OFFICE BOX)	#123				
	Saint Petersburg, FL 33716				
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter the nam</u>	e of the new	registe 2009 1.		
Name of New Registered Agent:		·	<u>;</u>		
New Registered Office Address:	Enter Florida street address		4-		
	итет сънчая мусев ааанем		0 :0 8%		
	, Florida		_ <del></del>		
	Cuy	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 forther 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rhamah Norris	998 Dekteva Drive	≝Add
		Apopka. FL 32712	□Remove
			☐ Change
			□Add
			□Remove
		<del></del>	Change
<del></del>		<del></del>	□Add
			□Remove
			□Change
			Fladd
			□Remove
		,	□Change
			□Add
			∐Remove
			☐ Change
			□Add
			□Remove
			□Change

To: 18506176383

From Registered Agents Inc

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effective date, if other than the effective date is listed, the date must. If the date inserted in this blument's effective date on the Doord specifies a delayed effective	ock does not meet the ap epartment of State's reco	plicable statutory fi ords.	Hing requirements, th	is date will not be listed
filed.				•
Arguset 14	2023			
d August 14				
d	Signature of a member or a		4	