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Certified Copies	Certificates	s of Status
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COVER LETTER

Division of Corporations Payton Consulting LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Dawn Payton** Name of Person Payton Consulting LLC Firm/Company 3702 Spruce Street Suite 1533 Address Tampa Fl 33607 City/State and Zip Code Paytonconsultingllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dawn Payton Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Payton Consulting LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company	were filed on 02/27/2023	and assigned	
lorida document number L23000101345			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
e new name must be distinguishable and contain the words "Limited Liabi	The Company of the Property of	3	
e new name must be distinguishable and contain the words. Limited Liabi	ity Company, the designation LLC (or the appreviation L.L.C.	
nter new principal offices address, if applicable:		70	
rincipal office address MUST BE A STREET ADDRESS)	<u> </u>	24	
		SSS	
		3.5	
nter new mailing address, if applicable:		7E 58	
		14.5	
ailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office a	address on our records, enter th	e name of the new register	
ent and/or the new registered office address here:			
Name of New Registered Agent:			
Name Description of Office Address			
New Registered Office Address:	Enter 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 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 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
MGR	Dawn Payton	3702 W Spruce Street Suite 1533 Tampa Fl 33607	= Add
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an effective date is list ote: If the date ins	ther than the date ted, the date must be spe erted in this block do date on the Departm	ecific and cannot be poses not meet the ap	prior to date of filing of plicable statutory fi	(or more than 90 days a ling requirements,	after filing.) Pu	irsuant to	605.0207 listed as
record specifies a distribution is filed.	elayed effective date.	but not an effecti	ve time, at 12:01 a.:	n. on the earlier of	(b) The 9	0th day a	ifter the
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