LA3000104983

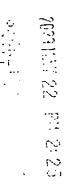
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COVER LETTER

Registration Section

TO:

Division of	Corporations			
5 - 1	UM CONSULTING AND SERVI	CES LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	Adriana Sanfelice			
		Name of Person		
	Phoros Tax LEC			
		Firm/Company		
	5728 Major Boulevard Su	ite 611		3.33
		Address		
	Orlando FL 32819			
	adriana.sanfelice@phorost	City/State and Zip Code		
		to be used for future annual report not	ification)	(S)
For further informati	on concerning this matter, please c	call:		, , , ,
Adriana Sanfelice		407 820-1958 at ()		
Na	me of Person	at ()Area Code Daytin	ne Telephone Number	
Enclosed is a check	for the following amount:			
□ \$25.00 Filing Fe	ee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
_	ldress: on Section of Corporations	<u>Street Address:</u> Registration Sc Division of Co		
P.O. Box	6327	The Centre of	Tallahassee	
Tallahass	ee. IfL 32314	2415 N. Monro	oe Street, Suite 81	١U

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLORUM CONSULTING AND SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(75 FIDERICALITATION	у сунциану (
The Articles of Organization for this Limited Liability Company were	filed on 01/25/2023 and assigned	
Florida document number 1.23000104983		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	宣科	
B. If amending the registered agent and/or registered office addre	ss on our records enter the name of the new registers	
agent and/or the new registered office address here:	ı f	
Name of New Registered Agent:	09 00 00	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	'ny Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfaceept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressed to company has been notified in writing of this change.	ormance of my duties, and I am familiar with and ded for in Chapter 605, F.S. Or, if this document is	
If Changing I	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	DINY FERNANDES	5840 DAHILIA DR APT I	≣Add
		ORLANDO FL 32807	⊒Remove
			□ Change
			□Add
			□Change
			□Add
			☐ ☐ Change
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	05/09/2023		
ective date, if other than the	date of filing: 0.909/2023	(optional) of filing or more than 90 days after filing.) Pu	rsuant to 605 02
te: If the date inserted in this blooment's effective date on the De	ock does not meet the applicable stat	tutory filing requirements, this date wil	l not be listed :
anten serieure date on the 12	spannen of state a recorda.		
cord specifies a delayed effectiv s filed.	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 9	0th day after th
ed	2023		
0	1 0 N	presentative of a member	
G	rough of tille	Man.	