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COVER LETTER

TO: Registration Division o	on Section f Corporations
SUBJECT: Senoj	Consulting & Grant Writing Services, LLC
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Dr. Laurita M Jones
	Name of Person
	Firm/Company
	Типосоправу
	6543 Cedar Chase Way
	Address
	Tailahassec
	City/State and Zip Code
	LauritaJones 1979@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Laurita Jones	at (850) 2090681
Nε	rne of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fe	Solution from the status of Status St

Mailing Address: 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

Senoj Consulting & Grant Writing Services, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on March 13, 2013	and assigned	
Florida document number L23000129943			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
Senoj Bookkeeping & Grant Writing Solutions, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)) 102	
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		.>: ≺	
Enter new mailing address, if applicable:		25	
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(Mailing address MAY BE A POST OFFICE BOX)			
		- FA 33	
B. If amending the registered agent and/or registered office	e address on our records, <u>enter the nan</u>	ne of the new register	<u>ed</u>
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
		-	□ Change
			
			ПРепюче
			□ Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			Петюче
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ective date, if other than neffective date is listed, the date: te: If the date inserted in the nument's effective date on the	te must be specific a his block does not	nd cannot be prior to t meet the applical	o date of filing or mo ble statutory filing	(option re than 90 days after fi requirements, this c	ling) Pursuant to 605 020
cord specifies a delayed eff s filed.	fective date, but n	ot an effective tim	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ed March 13		. 2023	-·		
	8)(J	DO 18	\		
	Signature of	a thember of author	ized representative of	f a member	-

Filing Fee: \$25.00