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(Requestor's Name)
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(City/State/Zip/Phone #)
(Business Entity Name)
(233, 130,
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	TP coachina L	LC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TRAC	Y PILAM	
		Name of Person	
		Firm/Company	
	7801 N Fed	eral Hahway Ha	
	Bocg Rotor	7. FL 33487 City/State and Zip Code	
	The		/m ***
	E-mail-address: (1 e gmail - Com to be used for future annual report notif	nication) FIX 2:
For further information of	concerning this matter, please co	all:	,,,
Name e	PACY Pham of Person	at (<u>305</u>) <u>947</u> Area Code Daytimo	2-7930 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 6327		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.)
Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	were filed on $05 - 27 - 2023$ and assigned
Florida document number <u>L 23000152750</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
	port consulting. LLC
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7801 N FEDERAL High Way
(Principal office address MUST BE A STREET ADDRESS)	Poca RATON, FL 33487
· •	Boca RAton, FL 3348/
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	75 FM - 1
B. If amending the registered agent and/or registered office a	\$5 [™]
agent and/or the new registered office address here:	2: 25 2: 25 3.FL
Name of New Registered Agent: TRACY	PHAM
New Registered Office Address: 780/1	Y Federal Highway Bldg.6-202 Enter Florida street address
Boca	GRATON Florida 33487 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 Changing 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
MGR	TRACY PHAM	7801 H FEDERAL HIGHWAY blog-6-202 bog Raton ITL	_*************************************
			_ □Remove
			□Change
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ctive date, if other than the date of filing:				(optional)		
effective date is listed, the date must be specific and ca e: If the date inserted in this block does not mee			r more than 9	0 days after filing.		
ment's effective date on the Department of Stat			9			
ord specifies a delayed effective date, but not an	effective time	, at 12:01 a.	m. on the ea	rlier of: (b) Th	e 90th d	day after
filed.						
aF 21 00211		Λ				
		· 71				
d 05-31-2024.				_		
ed <u>09-51-2024</u>		A)IN				
Signature of a mer	nber or authoriz	ed representa	tive of a mem	ber		