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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D FORCE CONSULTIGN LLC

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Help

T. LEMIEUX APR 1 0 2023 TO:

Registration Section

Tallahassee, FL 32314

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COVER LETTER

COVEREETI

Division of Con	rporations	,		
D FORCE CONSULTION LLC				
SUBJECT;	Name of Lim	ned 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:		
	LOVETTE DOBSON			
		Name of Person		
		Ficm/Company		
	17350 STATE HWY 2493	STE 220		
		Address		
	HOUSTON TX, 77064			
	EFILE (234@INCFILE.CO	City/State and Zip Code M		·
	E-mail address: (to be used for future annual	report notification	1)
For further information c	oncerning this matter, please ea	all;		
LOVETTE DOBSON		at () at ()	888-462-3453	
Name o	f Person	Area Code	Daytime Telep	hone 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 (aikbrional copy is enc		2 \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section		ation Section	
Division of C P.O. Box 632			n of Corporati ntre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D FORCE CO	NSULTIGN LLC			
(Name of the Limited Liability Cor (A Florida Limit	npany as It now appear ed Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on	03/28/2023	an	d assigned
florida document number				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	jability company he	ere:		
O FORCE CONSULTING LLC				
he new name must be distinguishable and contain the words "Limited Li	ability Company." the d	esignation "LLC" or the	e abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·	
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				
Maning duaress may bit at 1051 of Fice 19070			(-	2023
3. If amending the registered agent and/or registered offi	ce address on our r	ecords, enter the n	ame of the	e new registe
gent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · · ·		7
			•	_0 C:
Name of New Registered Agent:			<u></u>	\sim
			7.1	5.52
New Registered Office Address:	Enter Flor	ida street address		
		124		
	City	, Florida		Code
	1.77		. 24. 3	

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:

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MGR ≃	Manager	
AMBR ≈	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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			UAdd
			□Remove
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