L23000157654

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COVER LETTER

TO: Registration Section

Division of Co	rporations	14.	, ,
g James Acc	ress Consulting and Knowledge	Translation	, ,
SUBJECT:			
		. , ,	202
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	LÖ *** *.*:
		-	~
Please return all corresp	ondence concerning this matter	to the following:	-P
	Tyler G. James		-
	owledge Translation me of Limited Liability Company s) are submitted for filing. is matter to the following: Part Part Part Part Name of Person Firm/Company ad Address 32011 City/State and Zip Code .com address: (to be used for future annual report notification) please call: at (
		Firm/Company	
	54672 Church Road		
		Address	
	Callahan, Florida 32011		
		City/State and Zip Code	.
	tyler@tylergjames.com		77
Pan firmhan infannation		·	otification)
	concerning this matter, please c	aii:	
Tyler G. James			
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee.	Section Corporations 27	Registration S Division of Co The Centre of	orporations Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	173 VI, 2 114
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James Access Consulting and Knowledge Translation

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

The Articles of Organization for this Limited Liability Company were filed on March 29, 2023 and assigned Florida document number 1.23000157654 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EvalCentric, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Forids streetfaddress	
	, Flo	rida
	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 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
			Add 2023
			□Change
			□Remove
			Change
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Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be block does not meet the a	pplicable statutory f	or more than 90 days	optional) after filing.); , this date w	Pursuant to 605.0 vill not be liste	0207 () d as th
ne record specifies a delayed effec ord is filed.	tive date, but not an effect	tive time, at 12:01 a.	m, on the earlier o	f: (b) The	90th day after	the
Dated August 9	2023					
Juli H.	James					
11/	Signature of a member or	authorized representa	tive of a member			

1 1 1 X 1 1 1

Typed or printed name of signee