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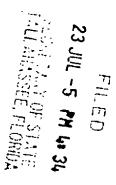
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HOR	NE
	AUG 14	2023
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Office Use Only



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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Holliday C	e of Limited Liability Sampany
Name	e of Limited Liability Edmpany
The state of American and Surface	and authoritied for filling
The enclosed Articles of Amendment and fee(s)	are submitted for fitting.
Please return all correspondence concerning this	matter to the following:
Jeffa	y Holliday Name of Person
Holliday	Consulting LLL Firm/Company
1541 W	later.britge ct.
	City/State and Zip Code 4507 Cymail. 1000 Iddess: (to be used for Fujure annual report notification)
For further information concerning this matter, p	olease call:
Jeffry Holliday Name of Person	at (347) 266-448 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate of St	
<u>Mailing Address:</u>	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

TO ARTICLES OF ORGANIZATION OF	23 JUL -5 PM
Holliday Consulting, UL	TALLAMASSEE, FLOATE

· · · · · · · · · · · · · · · · · · ·	ed Liability Company wit now appears (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	4-14-2023	and assigned
Florida document number <u>L23 000 185</u>	816		
This amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE)	T ADDRESS)	 	
	 		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE I	<u></u>		
	 		
B. If amending the registered agent and/or re	egistered office address on our re	ecords, enter the name	of the new regis
igent and/or the new registered office addres	s here:	· -	
igent and/or the new registered office address			
gein and/of the new registered office address			
Name of New Registered Agent:			,-
			,-
Name of New Registered Agent:	Enter Flori	ida street address	,-
Name of New Registered Agent:	Enter Flori	ida street address Florida	

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>	<u>Address</u>	Type of Action
<u>(60</u>	Jeffrey Holliday	1541 Waterbridge Ct. Flewing Island FL 320	bbA85
	1	Flexing Bolond, FL 320	<u>n3</u> □Remove
			□Change
			🗆 Add
			□Remove
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			□Change

		
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an effective date	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	.0207
lote: If the date ocument's effe	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ctive date on the Department of State's records.	ed as
record specifie is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ated <u>Jy</u>	2 27th . 2023.	
	Ad I Ad	
	Signature of a member or authorized representative of a member	
	1. Cara Carl 11 111	