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SECRETARION STATE

COVER LETTER

TO:

TO: Registration Se Division of Cor				
Shared Voice	ce Consulting, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Catherine Gilmore			
		Name of Person	.	
	Shared Voice Consulting, I	LLC		
		Firm/Company		
	13936 Chalk Hill Place			
		Address		
	Riverview, FL 33579			
		City/State and Zip Code		
	sharedvoiceconsulting@gm			
	E-mail address: (to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
Catherine Gilmore		813 532-7475 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne 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 So	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shared Voice Consulting, LLC (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 $\frac{\text{May }10,2023}{\text{May }10,2023}$ Florida document number <u>L23000230119</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Florida street address

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.

City

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
AP	Jeremy C. Gilmore	13936 CHalk Hill PL	
		Riverview, FL 33579	■Remove
			□Change
			
			□Remove
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