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(((H25000299929 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number: 120230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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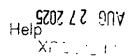
Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EF CONSULTING LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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18506176383

EF CONSULTING LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records, ned Liability Company))
The Articles of Organization for this Limited Liability Comp. Florida document number 1.2.000(23876)	pany were filed on 05/15/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Hability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "ELC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
		<i>5</i>
Enter new mailing address, if applicable:		a
Mailing address MAY BE A POST OFFICE BOXI		1.0
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter f</u> l	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Plonda street address	
	. Flor	rida Zto 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: or removed from our records:

2025-08-27 08:33:57 UTC+14

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Pierre Motz	11549 Cedar Valley Dr	■Add
		Riverview, FL 33569 US	UlRemove
			□Change
			□Add
			□Remove
			□ Change
		4-11	CTAdd
			□Remove
			□Add
			□Change
			∐Add
			☐Change
			UAdd
			□Remove
			[TiChange

To:

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Filing Fee: \$25.00

Typed or printed name of signee

Blodie FLEURY

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