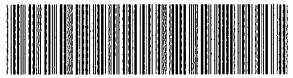
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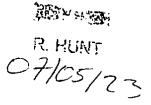
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COVER LETTER

TO:	Registration Sec Division of Corp		•	. 4			
SUBJE	Full Circle C	Consulting Services, LLC	•	-			
SUBJE	<u> </u>	Name of Lim	ited Liability Company		-		
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		Candrea A Eddinger					
		<u>. </u>	Name of Person			(2) (2)	
			Firm/Company				
		8182 SE Royal Street			13.1 13.1 15.0 15.0	ط 12	
		Hobe Sound, FL 33455	Address		EE.FL	PH 7:5	
		candrea.eddinger@icloud.co	City/State and Zip Code		m	••••	
For fur	ther information of	-	to be used for future annual report notif	ication)	-		
	a A Eddinger	oncerning ons matter, prease of	720 256-5693				
	Name of	Person	at () Area Code Daytime	e Telephone Numb	ber	-	
Enclose	ed is a check for th	e following amount:					
■ \$2 :	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fe cate of Si ed Copy nal copy is	tatus &	1
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite	e 810		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Full Circle Consulting Services, 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 <u>June 06, 2023</u> and assigned Florida document number = 4.230002/336/ L23000273367 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Full Circle Charters, Sales, & Consulting, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 registere agent and/or the new registered office address here: N/A 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 th 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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