L23000275180

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COVER LETTER

	Registration Sec Division of Corp			
CHD IE		R TECHNICAL CONSULTIN	NG SERVICES, LLC	
SUBJEC	, l :	Name of Limi	ted Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		Gerard J. McCreight		
			Name of Person	····
		GM Corporate Managemen	nt LLC	
			Firm/Company	
		PO Box 577		
			Address	
		Babylon, NY 11702		
			City/State and Zip Code	
		gmccreight.esq@gmail.com	to be used for future annual report notific	estion)
For furth	ner information c	oncerning this matter, please ca		
	J. McCreight		631 495-7000	
	Name o	f Person	at () Area Code Daytime 1	Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCELSIOR TECHNICAL CONSULTING SERVICES, LLC

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

(A Florida L	imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on June 7, 2023	and assigned
Florida document number L23000275180	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
RESOURCE ONE GLOBAL, LLC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	SECTION PHICE STATE OF THE PHICE
Name of New Registered Agent:		34-13
New Registered Office Address:		
New Neglated Office Address.	Enter Florida street address	· ·
	. Florida	
	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
			□Remove
			□Change
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			Change
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Filing Fee: \$25.00