## L23000318314

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(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

Divisio	on of Corp	porations				
Ce SUBJECT:	Consulinar LLC					
SUBJECT		Name of Limi	ited Liability Company	<del></del> -		
The enclosed Ai	rticles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspo	ndence concerning this matter	to the following:			
		Kris O. Savignac				
			Name of Person	<del></del>		
		Consulinar LLC		fode    Gode   G		
		-	Firm/Company			
		800 Juno Ocean Walk #50-	4A			
		Address				
		Juno Beach, FL 33408				
		kris@consulinar.com	City/State and Zip Code			
			to be used for future annual report notif	ication)		
For further infor	rmation co	oncerning this matter, please ca	all:			
Kris O. Savigna	ic		561 602-4185			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is a ch	ieck for th	ne following amount:				
■ \$25.00 Filir	ng Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		
	g Address		Street Address:	dia		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Consumal LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number <u>L23000318314</u> .	ny were filed on July 05, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability 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)		
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 here:		JUL PR D
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City , Florida .	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Canaulina III C

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 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
MGR	Kris O. Savignac	800 Juno Ocean Walk #504a	🗆 Add
		Juno Beach, FL 33408	□Remove
			<b>≘</b> Change
			□Add
		<del>.</del>	□ Remove
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ective date, if other than the date nust be termined at effective date is listed, the date must be termined in this block cument's effective date on the Department.	specific and cannot be prior to does not meet the applicab	date of filing or more that	(optional) in 90 days after filing.) Pursua airements, this date will no	nt to 605.0207 ( t be listed as t
ecord specifies a delayed effective d s filed.	ate, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90th o	day after the
ted July 10	2023			
$i \cap i \cap i$	Mature of a member or authori			
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