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TO:	Registration Sec Division of Corp	tion orations	e e e e e e e e e e e e e e e e e e e						
SUBJE	CCT:	Name of Limit	ted Liability Company	<u> </u>					
The en	closed Articles of A	mendment and fee(s) are subm	nitted for filing.						
Please	return all correspon	dence concerning this matter t	o the following:						
		Richard	Name of Person	<u> </u>					
		R. E. S. X	Firm/Company	LC					
		15709 N	Address						
		Pembrole	e Pines FL 331 City/State and Zip Code	238					
		E-mail address: (to	o be used for future annual report notifi	cation)					
For fur	ther information co	ncerning this matter, please ca	11:						
<u>Ri</u>	Name of	- Slusher T Person	at (<u>C154)</u> <u>800</u> Area Code Daytime	フォラウム Telephone Number					
Enclos	ed is a check for the	following amount:							
≯ \$2	5.00 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

R.C.S. ILCONSULTING LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number 1-23000326996		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		LL AA
	ipal office address MUST BE A STREET ADDRESS) ASE SECOND ARY ELECTRICAL STREET ADDRESS)	THE SE TO
		RY RY
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	 ,	25 10/2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address:	Enter Florida street a	ddress
		, 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
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