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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations :	<u>~</u>	
OLID ED OM	abas Consulting LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher McGill		
		Name of Person	
	Scared Lambas Consulting	LLC	
		Firm/Company	
	555 NE 8th Street Apt 100	2	
		Address	
	Fort Lauderdale, FL 33304	ı	
		City/State and Zip Code	
	christophermcgill@princeho	- •	
		to be used for future annual report not	ilication)
For further information c	oncerning this matter, please ca	all:	
Christopher McGill		585 7385949 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C	orporations	Division of Cor	rporations
P.O. Box 632	. /	The Centre of T	Lattahassee

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scared Lambas Consulting 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>08/28/2023</u>	and assigned
Florida document number 1.23000402587		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Scared Llamas Consulting LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer Pioriai Mreet autress	
	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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an effe ote:	ive date, if fective date is If the date lent's effect	listed, the dainserted in t	te must be sp his block d	pecific and co	annot be pri et the app	licable statu	filing or more tory filing re	than 90 days	optional) after filing.) I , this date w	Pursuant to 605. ill not be liste	.0207 ed as
recore is fil	d specifies : led.	a delayed ef	fective date	e, but not a	n effective	time, at 12	:01 a.m. on	the earlier o	f: (b) The	90th day after	the
ated _		19-02	2-20	74.	7/10	<u></u>	,				

Typed or printed name of signee