## 123000448276

(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section

Division of Corporations

	urphy Consulting LLC Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph M. Murphy		
	·	Name of Person	
	Joseph Murphy Consulting	g LLC	
		Firm/Company	
	1170 Kane Concourse, #4	20	
		Address	
	Bay Harbor Islands FL 33		
	al aid Oballa and an	City/State and Zip Code	
	cbgi1@bellsouth.net E-mail address: (	to be used for future annual report notifica	ation)
For further information of	concerning this matter, please c	all:	
Joseph M. Murphy		at ( 305) 868-9004	
	of Person	Area Code Daytime T	elephone Number
	he following amount:		
Enclosed is a check for t			
Enclosed is a check for t ■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joseph Murphy Consulting LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on ou imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Con	mpany were tiled on <u>9/27/2023</u>	and assigned
Florida document number L23000448276		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designati	on "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:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered on agent and/or the new registered office address here:	office address on our records	, enter the name of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida stre	et 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 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
AMBR	Andrea Weinman	1170 Kane Concourse, #420	<b>=</b> Add
		Bay Harbor Islands, FL 33154	□ Renюve
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
		Change	
		□Add	
		202 Remove.	
			Schange
			DAdd
			CE ST CHECK
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	············	
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Effective date, if other than the date of filing:	filing.) Pursuant to 605.02	:07 (3 as th
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (brd is filed.	The 90th day after th	าะ
Dated August 13TH 2024	2024 AUG 2 SECTALL TO	g 5
Signature of a member or authorized representative of a member	22 PH	
Joseph M. Murphy	E 2	, 4.1 -7
Typed or printed name of signee		