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2023 DEC 14 AM 7:56 SECRETARY OF STATE DocuSign Envelope ID. 44AEBAB6-9699-40C5-B747-FE0FFEFF8FEA ARTICLES OF AMENDMENT

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Local Pro Consulting Services, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recordinated Liability Company)	<u>(k.)</u>
The Articles of Organization for this Limited Liability Cor Florida document number $\frac{1.23000457210}{1.23000457210}$	mpany were filed on 10/03/2023	and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limite	ed liability company here:	
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>	DZ3 DE FORE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	X\$
	, FI	orida Zip Code
		The state of the s

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

DocuSign Envelope ID: 44AEBAB6-9699-40C5-B747-FE0FFEFF8FEA ri amending Authorized rerson(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
MGR	Tina Rawlins	9170 County Road 128D	□Add
		Wildwood, Florida 34785	□Remove
			■Change
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