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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNTING AND MORE SERVICES INC

Account Number : I20220000172 Phone : (407)846-4810

Phone : (407)846-4810 Fax Number : (407)944-4810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 589 CONSULTING LLC

Certificate of Status	0
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July 2, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

589 CONSULTING LLC 5617 DEL CORONADO DR APOLLO BEACH, FL 33572US

SUBJECT: 589 CONSULTING LLC

REF: L23000458835

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H24000225146 Letter Number: 024A00014414

COVER LETTER

TO: Registration S Division of Co				
	SULTING LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
	ondence concerning this matter			
	IAN KENYON			
		Name of Person		
	589 CONSULTING LLC			
		Firm/Company		
	5617 DEL CORONADO	DR		
		Address	 	ETAR HASS
	APOLLO BEACH, FL 33	572		
		City/State and Zip Code		OF STATE
	ITSIAN1978@GMAIL.CC			
E-f-thesi-f		(to be used for future annual report notifi	cation)	***
	concerning this matter, please o			
ALLISON KENYON		813 285-2700 at ()		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$ 25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Pee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is et	atus &
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	ion	
Division of C	Corporations	Division of Corp	orations	
P.O. Box 632		The Centre of Ta	Illahassee Street, Suite 810	
Tallahassee,	1 17 7 47 14	2417 IV. ICITED	Succe Same On	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

589 CONSULTING LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compan	ny were filed on 10/04/2023	and assigned
Florida document number L23000458835		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lieb	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2024 SEE
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		ASSIN L
Enter new mailing address, if applicable:		
(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, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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.

_ 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

Title	<u>Name</u>	Address	Type of Action
AMBR	IAN KENYON	5617 DEL CORONADO DR	□Aċd
		APOLLO BEACH, FL 33572	\(\alpha\) Remove
			Change
		-	□Add
			□Remove
			2024 JUL -3 PM 1:09. SECRETARY OF STATEO FAIL AHASSEEL FLORIDD
			□Add
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Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not r	meet the applical	o date of filing or mo ple statutory filing	(option ore than 90 days after fi requirements, this o	nal) iling.) Pursuant to 605. date will not be liste	0207 (3)(b) d as the
the record specifies a delayed effectord is filed.	tive date, but no	t an effective tim	ne, at 12:01 a.m. o	w the earlier of: (b)	The 90th day after	the
Dated		2024	_·			
-	Signature of a	member or author	zed representative o	of a member		
ALLISON KENYON		Typed or printed				