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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

Email	Address:	

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Ŋ 2 Registration Section

TO:

COVER LETTER

Divisio	on of Cor	porations		
		ULTANTS LLC		
SOBOLET		Name of Lin	ited Liability Company	
The enclosed A	rticles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all	I согте з ро	ndence concerning this matter	to the following:	
		Cheyenne Moscley	•	
			Name of Person	· ·
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
		- • • • • • • • • • • • • • • • • • • •	City/State and Zip Code	·······
		team@eselseminars.com	_	
		E-mail address: (to be used for future annual report n	otification)
For further info	rmation co	oncerning this matter, please ca	all;	
Cheyenne Mos	clcy		800 773-0888	
	Name of	Person	Area Code Days	ine Telephone Number
Enclosed is a ch	eck for th	e following amount:		
□ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Centificate of Status & Centified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. 374 CONSULTANTS LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L23000498737	were filed on 11/02/2023 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5011 Gate Parkway, Building 100, Suite 100		
(Principal office address MUST BE A STREET ADDRESS)	Jacskonville, FL 32256		
Enter new mailing address, if applicable:	5011 Gate Parkway, Building 100, Suite 100		
Mailing address MAY BE A POST OFFICE BOX)	Jacskonville, FL 32256		
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 			
N CN D CO LA C			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
lew Registered Agent's Signature, if changing Registered Agent:	, Florida		
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	Florida Zip Code Zip Code re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poeing filed to merely reflect a change in the registered office	Florida City Zip Code Pe to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

To:

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	Michele Lewis		
			LI Add
			Remove
		413 Bay Point Drive, Edenton, NC, 27932	■ Change
		· .	
			□ Remove
			Change
			Remove
•			
	·	-11	☐ Change
			
			□ Remove
			Change
			DAdd
			Remove
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•		
Effect	ive date, If other than the date of filing:	(optional)
Note:	five date, If other than the date of filing: [fective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requiremment's effective date on the Department of State's records.	days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
	cord specifies a delayed effective date, but not an effective time, at 3 90th day after the record is filed.	12:01 a.m. on the earlier of
Dated	11-24-23	
	11-24-23 Cynthin Poenone Signature of a method or authorized representative of a member	er
	\sim	
	Cynthia Posusney	

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Filing Fee: \$25.00