Fax: 8134365206 9/24/2024 11:00:04 ₽DT To: 18506176383 Page: 1/4

Florida Department of State Division of Corporations gnic Ming Cover Sheet is paggandlusg it ag a cover gleet. Type he fax glidit number pages of the document.

(((H24000325205 3)))



H240003252053ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E1337 CONSULTING LLC

Certificate of Status	0	
ertified Copy 0		
Page Count	int 04	
Estimated Charge	\$25.00	

M. SOLOMON

SEP 2 5 2024

9/24/2024 11:00:04 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E1337 Consulting LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	annears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 12/04/23 and assigned
Florida document number L23000537978	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	anv here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	<u> </u>
	5 5 1000 1000
	FEMALUM
Pater and soliton address if and limbto.	₹ 2
Enter new mailing address, if applicable:	50 -0 [6]
(Mailing address MAY BE A POST OFFICE BOX)	<u>ा । । । । । । । । । । । । । । । । । । ।</u>
	07 1.E
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
En	er Florida street 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.

9/24/2024 11:00:04 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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
MGRM	Campbell, Sarah	110 Yacht Club Way #207	∑)Add
		Lake Worth, FL 33462	□Remove
			□Change
			
			Remove
			Change
			2024-SEP
			ERemove
			PH Change
			Change
			🗀 Add
			□Remove
			Change
		<u> </u>	□Remove
			□Change

	
2024 SEG	
THE SER TO	
12. F	
cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020	
es not meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.	<u>te:</u> If the date inserted in this bloc cument's effective date on the Dep
but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ecord specifies a delayed effective is filed.
2024	_{ted} September 24th
2024 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	september 24th

Typed or printed name of signee