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## **COVER LETTER**

	tration Secon of Corp					
	uffy Strate	egic Consulting LLC				
SUBJECT: _		Name of Lin	nited Liability Company	, <u> </u>		-
The enclosed A	articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return al	ll correspo	ndence concerning this matter	to the following:			
		Maria Lumb				
		,	Name of Person			_
		Duffy Strategic Consulting	g LLC			
			Firm/Company	· · · · · ·		
		141 Cliffside Trail				1024 FI SECA
			Address		"	
		Ponte Vedra, FL 32081				B 29 AMI
		maria.lumb@gmail.com	City/State and Zip C	ode		2024 FEB 29 AM 11: 13 SECRETARY OF STATE TALLATIAN SEE, FL
		E-mail address: (	to be used for future an	nual report notific	ation)	- FE W
For further info	rmation co	oncerning this matter, please c	eall:			
Maria Lumb			703 at (	362-2418		
	Name of	Person	Area Code	- Daytime '	Felephone Numb	per
Enclosed is a cl	heck for th	e following amount:				
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Cop (additional copy i	y	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	ng Address Stration S			et Address: istration Sect	ion	
Divis	ion of Co	orporations	Divi	ision of Corpo	orations	
	Box 6321 hassee F	7 [1, 32314		Centre of Tal 5 N. Monroe		210
rana	паээсс, Г	1. フェントマ	441.	JIN. IVIOIITOCI	oucci, Suite	010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**Duffy Strategic Consulting LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/21/23}{2}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_

## 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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Thomas Duffy	141 Cliffside Trl	<b>≣</b> Add
		Ponte Vedra, FL 32081	□Remove
			Change
AMBR Maria Lumb	Maria Lumb	141 Cliffside Trl	
	Ponte Vedra, FL 32081	■Remove	
			Change Change
			AARY OF STAIR UShange
			Remove
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cord specifies a delayed s filed.	effective date, bu	t not an effective	time, at 12:01 a.	m, on the earlier of	i: (b) The 90th	ı day after	the
February 27 red			·				
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