LA40001A9057

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
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| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer. | |
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05/13/24--01034--017 **25.00



COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|--|--|-----------------------|---------------|
| SUBJECT: PALE | | JOT CONS | JLTING | LLC |
| | Name of Lim | nited Liability Company | | |
| | | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspon | dence concerning this matter | to the following: | | |
| | EESA A | Name of Person | | |
| | | Firm/Company | | |
| | 8214 RIVE | ERBOAT OR | | |
| | TAMIA | City/State and Zip Code | | |
| | PBO Lons. | City/State and Zip Code The LLC Coto be used for future annual report n | grail. Lo | ~ ~ |
| | E-mail address: (| to be used for future annual report n | otification) | |
| For further information cor | ncerning this matter, please c | all: | | |
| Eesa Ahi | | at (904) Y1 Area Code Days | 3-1258 | |
| Name of I | erson er | Area Code Dayı | time Telephone Number | |
| Enclosed is a check for the | following amount: | | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & |
| Mailing Address: | | Street Address: | Santia m | |
| Registration Se Division of Co | | Registration S Division of C | | |
| P.O. Box 6327 | -L 2 | The Centre of | • | |
| Tallahassee, FI | _ 32314 | 2415 N. Mon | roe Street, Suite 81 | 0 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PALE BLUE DOT | CONSULTING, | LLC | | |
|---|--|--|-----------------------------|---------------------------------------|
| PALE BLUE DOT (Name of the Limit | ted Liability Compai (A Florida Limited I | ny as it now appea liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited L | | were filed on | 3/14/24 | and assigned |
| This amendment is submitted to amend the following | | | | |
| | <u> </u> | | | |
| A. If amending name, enter the new name o | f the limited liabi | ility company h | ere: | |
| The new name must be distinguishable and contain the w | vords "Limited Liabil | ity Company," the c | esignation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | | | <u>.</u> |
| Principal office address MUST BE A STREE | ET ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | | |
| | | | | |
| B. If amending the registered agent and/or ragent and/or the new registered office addres | | ddress on our r | ecords, <u>enter the na</u> | me of the new registered |
| Name of New Registered Agent: | RYAN Con | ONTESS INERBOAT DE | | · |
| New Registered Office Address: | 8214 R | Enter Floa | a VE rida street address | · · · · · · · · · · · · · · · · · · · |
| | TAMPA | | . Florida | 33637 |
| | | City | , | 33637 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.

If Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|---------------|-------------------|-----------------------|
| | RYAN COUNTESS | 8214 RIVERBOAT DR | ⊠Add |
| MGZ | | TAMPA, FL 33637 | □Remove |
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| ective date, if | fother than the | date of filing: | 5/ | 8/24 | | (optional) |
| i cricctive date is | risieu, uie date musi | i de specine anu e | annor be p | and to date of fining | or mor | e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed as |
| | ive date on the De | | | | ming | requirements, this date will not be listed as |
| | | | | | | |
| cord specifies | a delayed effective | e date, but not a | n effectiv | ve time, at 12:01 a | ı.m. on | the earlier of: (b) The 90th day after the |
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| s filed. | | | _ | | | |
| s filed. | 10 | | | h . / | | |
| s filed. | 8 | , | 200 | <u> </u> | | |
| s filed. | 8 | , | 207 | <u>. </u> | | |
| s filed. | S Ca | | 200 | 24. | a fara d | |
| s filed. | 8 Cal | Signature of a me | ember or a | uthorized represent | ative of | f a member |