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## **COVER LETTER**

TO:		tration Section of Corpo		ŧ.	
		R&R MAXI	MUM LIKELIHOOD CONSU	JLTING	•
SUBJEC	CT: _	<del></del>	Name of Limit	ted Liability Company	
The encl	losed /	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please re	eturn a	ll correspond	dence concerning this matter to	o the following:	
			ELLEN J SHI		
			****	Name of Person	
			R&R MAXIMUM LIKELI	HOOD CONSULTING	
				Firm/Company	
			8437 DUNHAM STATION	I DR	
				Address	
			TAMPA, FLORIDA, 3364	7	
				City/State and Zip Code	
			juqingshi@hotmail.com	be used for future annual report	
r e d					. Hourteanon)
ELLEN		ormation con	cerning this matter, please cal	u. 813 895-218	6
		Name of P	Person	at () Area Code Da	ytime Telephone Number
Enclosed	i is a c	heck for the	following amount:		
□ <b>\$2</b> 5.	.00 Fil	ing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**R&R MAXIMUM LIKELIHOOD CONSULTING** (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 April 09, 2024 \_\_\_ and assigned Florida document number L24000167858 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 "L.L.C." 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

## 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, 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
MGR	DYLAN C HUNT	8437 DUNHAM STATION DR, TAMPA, FL, 3364	7 □ Add
			Remove
			Change
MGR	THE SHI-HUNT REVOCABLE TRUST	8437 DUNHAM STATION DR, TAMPA, FL, 33647	7 □Add
			Remove
			□Change
			_ 🗆 Add
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	ust be specific and cannoblock does not meet t	ot be prior to date he applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing. ements, this date	Pursuant to 605.020 will not be listed a
cord specifies a delayed effects filed.	ive date, but not an ef	ffective time, at	12:01 a.m. on the e	earlier of: (b) Th	e 90th day after th
April 24 ed		24			
_	12-2-	_			
		\ <del>-</del>			
	Signature of a member	er or authorized i	epresentative of a me	mber	