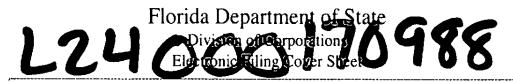
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PECOMO CONSULTING, LLC

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pecomo 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 April, 15,2024 and assigned Florida document number L24000170988.

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)

Pompano Pagan, For Frodo?

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 Agent:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

☐ Change

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

15612148442

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change
		/	□Add
			□Remove
			DChange
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If an effective d <u>Note:</u> If the o	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis effective date on the Department of State's records.	5.0207 (3 sted as th
e record speci rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
Dated A	pril 23, 2024.	
	,	

Filing Fee: \$25.00