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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TD COMPANY LLC Account Number : I20240000063

Phone : (407)591-7989

Fax Number : (407)822-9953

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 CTF CONSULTING LLC

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M. SOLOMON

JUN 2 0 2024

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ALC:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CTF CONSULTING LLC					
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 04/29/2024	and assigned			
Florida document number L24000200118					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
		<u>> </u>			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.E.C."			
Enter new principal offices address, if applicable:	4135 ACORN OAK CIR				
(Principal office address MUST BE A STREET ADDRESS)	APT 412	6			
	SANFORD, FL 32771	#44 1.0			
		છે ઉ≥			
Enter new mailing address, if applicable:	4135 ACORN OAK CIR	25 STATE 10 - A.H.C 11 - A.H.C 11 - A.H.C 12 - A.H.C			
(Mailing address MAY BE A POST OFFICE BOX)	APT 412				
C.	SANFORD, FL 32771				
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the n</u>	ame 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				
	Ciņ [.]	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 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
AMBR	CAMILA TONIELO	4135 ACORN OAK CIR	□Add
		APT 412	□Remove
		SANFORD, FL 32771	■Change
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ted	June 19, 2024.	