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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

| ΓΟ: Registration So Division of Cor | | | |
|--|--|---|--|
| SUBJECT: | PLSachs Co | insulting LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ponalo | d Sachs Name of Person | |
| | | Name of Person | |
| | | Firm/Company | |
| | 3.03_A | Losehill Drive East Address | |
| | Ta | 11a hassee, FL 39319 City/State and Zip Code | k |
| | | on@sachsmedia-Com | |
| For further information c | oncerning this matter, please co | | |
| Ponald S | Sachs of Person | at (<u>850</u>) <u>3H - 8</u> Area Code Daytin | 048 ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre | | Street Address: | |
| Registration Division of C | | Registration Se Division of Co | |
| P.O. Box 632 | • | The Centre of I | = |
| Tallahassee, | FL 32314 | 2415 N. Monro Tallahassee, FI | e Street, Suite 810 . 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u>RLSachs</u> | Consulting LLC | | |
|---|---|------------------------------|----------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears da Limited Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability | - | 05/02/2024 | and assigned |
| Florida document number <u>L24000206695</u> | <u>.</u> . | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the lin</u> | nited liability company her | <u>re</u> : | |
| Fact and Truth LLC | | | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the de | signation "LLC" or the abb | reviation "L.L.C," |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | |
| | | | _ |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | cords, <u>enter the name</u> | of the new registere |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| - | Enter Florid | la street address | |
| | | Florida | |
| | City | | 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 |
|--------------|-------------|---------|----------------|
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| 'an effe <u>sote:</u> - l | re date, if other than the date of filing: |
| record d is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated _ | Signature of a member or authorized representative of a member |
| | |