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96/11/24--01028--017 **25.00



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
AheadorBe SUBJECT:	tter Consulting LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	Anthony McGriff			
		Name of Person		
	AheadorBetter Consulting	LLC		
		Firm Company		
	3702 W Spruce St #1343			
		Address		
	Tampa, Florida 33607			
	into@aheadorbetter.com	City/State and Zip Code to be used for future annual report not	(Figure 19)	
For further information c	oncerning this matter, please of		meanon)	
Anthony McGriff		813 710-4118		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$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 Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Cor	rporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AheadorBetter Consulting LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
he Articles of Organization for this Limited I		May 28,2024 and assigned
lorida document number 1.24000244172		
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	2021
Principal office address MUST BE A STRE	ET ADDRESS)	
	 	्राज्यक्ता प्रस्तात्रक्ता प्र
		A IT
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		
Tuning dadress SIAT DI, A TOST OFFICE		
. If amending the registered agent and/or gent and/or the new registered office addr	• •	records, enter the name of the new registere
the and the new regimered write and		
Name of New Registered Agent:	Gayla P Leach	
New Registered Office Address:	3702 W Spruce St #1343	
	Enter F.	lorida street address
	Tampa	, Florida 33607
	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 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
MGR	Anthony Mcgriff	3702 W Spruce St #1343 Tampa, FL 33607	= Add
			□Remove
			□Change
MGR	Symone A McGriff	3702 W Spruce St #1343 Tampa, FL 33607	
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Сһапде
			□Add
			□Remove
			□Change
			□Add
			□Remove

Effective date, if other than the date of filing: June 21, 2024					···
Effective date, if other than the date of filing: June 21, 2024 (optional)					
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Effective date, if other than the date of filing: June 21, 2024 (optional)					
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Effective date, if other than the date of filing: June 21, 2024 (optional)					
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