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# **COVER LETTER**

Division of Co							
TEYIANA	CONSULTING LLC		inita).				
SUBJECT.	CONSULTING LLC Name of Lim	ited Liability Company	Let Marie				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Teyiana Mikhailin						
	·····	Name of Person					
	TEYIANA CONSULTING	G LLC					
		Firm/Company	<u>.</u>				
	19492 E Country Club Dr						
		Address	<del></del>				
	Miami, FL 33180						
		City/State and Zip Code	<del></del>				
	E-mail address: t	to be used for future annual report notification	)				
For further information o	concerning this matter, please c						
Teyiana Mikhailin		347 4094783					
Name o	of Person	at () Area Code ——Daytime Telep	hone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	7 \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Section					
Division of C P.O. Box 631		Division of Corporations The Centre of Tallahassee					
Tallahassee.		2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### TEYIANA CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Figura 1.)	inited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 06/04/	2024 and assigned
Florida document number 1.24000254827		
This amendment is submitted to amend the following:		
•		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our roca	de antar the name of the new registeres
agent and/or the new registered office address here:	THE Address on our reco	us, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida :	treet address
<u> </u>		, Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered A	<u> Agent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen- being filed to merely reflect a change in the registered of	plete performance of my it as provided for in Cha	duties, and I am familiar with and oter 605, F.S. Or, if this document is
company has been notified in writing of this change.		···.
		===
		<del>.</del>

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>	<u>Address</u>	Type of Action
MGR	Teyiana Mikhailin	19492 E Country Club Dr. Miami, FL 33180	□ Add
			□Remove
			<b>≡</b> Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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ord spe	ecifies a defa	yed effectiv	ve date, but	not an e	ffective ti	ime, at 12	:01 a.m. oi	i the earli	er of: (b)	The 90th	day after th
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			Signature o	of a memb	er or auth	orized repr	esentative d	f'a membe	I		•
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