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## **COVER LETTER**

TO:

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SUBJE	:CT:>	OMMOZZATO	ted Liability Company	02,16
		wante of Linns	ed Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	o the following:	
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	Name o	of Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>□ \$2</b> .	5.00 Filing Fcc	\$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 Addre		Street Address:	tion.
	Registration Division of C		Registration Sec Division of Cor	
	P.O. Box 632	-	The Centre of T	allahassee
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 6/8/2029 and a Florida document number 24000278828  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Som 22ATORE CONSULTING, LUC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "  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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the n	
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	ew registe
Name of New Registered Agent:	
New Registered Office Address:	
Florida	
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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 con	

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐ Change
			□Remove
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