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(City/State/Zip/Phone #)
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(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CHARMS CONSULTING LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Antonio R Davis Name of Person	
Firm/Company	
1598 SW Main Street	
Grosen VIII e (32331 City/State and Zip Code	
Chaim Sonsulting// Edgma, / . Cor E-mail address: (to be used for future annual report notification)	り
For further information concerning this matter, please call:	
Antonio R. Davis 11850,	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charms Consulting (Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number $124000782/77$.	on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	
Enter new principal offices address, if applicable:	2624
(Principal office address MUST BE A STREET ADDRESS)	
	28
Enter new mailing address, if applicable:	P1
(Mailing address MAY BE A POST OFFICE BOX)	-
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	iter Florida 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 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	Antonio R. Davis	1598 SW Main Street	□ Add
		GREENVILLE FL, 32331	□ Remove
			□Change
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			OChange

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lf an c Note:	tive date, if other than the date of filing:
ne reco	rd 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 iled.
Dated	June 26 2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00