

To: [redacted]

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18506176383

From: ZenBusiness User

L24000418220338

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H240004182203

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((H240004182203))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : 120230000190
Phone : (844)449-3674
Fax Number : (512)597-0678

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2024 DEC 20 PM 4:42
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUA SPONTE CONSULTING LLC

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K. SALY

DEC 20 2024

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H240004182203

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H24000418220.3

SUA SPONTE CONSULTING LLC

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

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TALLAHASSEE FL 32303

The Articles of Organization for this Limited Liability Company were filed on 07/10/2024

and assigned

Florida document number 124000308335

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

111 N Gayle Ave(Principal office address MUST BE A STREET ADDRESS)Panama City, FL 32401

Enter new mailing address, if applicable:

111 N Gayle Ave(Mailing address MAY BE A POST OFFICE BOX)Panama City, FL 32401**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter 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

H24000418220.3

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Christopher Adam Edgecombe	111 N Gayle Ave	☒ Add
		Panama City, FL 32401	☐ Remove
			☒ Change
AMBR	Tisha M Edgecombe	111 N Gayle Ave	☐ Add
		Panama City, FL 32401	☐ Remove
			☒ Change
AMBR	Michael Scott Simmons	2923 N Kirkwell Ave	☒ Add
		Panama City, FL 32405	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Business Purpose : Veteran owned and operated business consultant firm. Providing many aspects of business consulting.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 20th 2024

/s/ Christopher Adam Edgecombe
Signature of a member or authorized representative of a member

Christopher Adam Edgecombe
Typed or printed name of signee