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SECRETARY OF STATE

## **COVER LETTER**

Division	n of Corporations	
	LK Consulting Group LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Arti	ticles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	Andrew Pierce	
	Name of Person	
	Address	
	Sarasota, Florida, 34243	
	City/State and Zip Code reports@cloudpeaklaw.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	mation concerning this matter, please call:	
Andrew Pierce	307 683-0983	2021 SE
	Name of Person Area Code Daytime Telephone Number	2021 SEP -9 SECRETAIL
Enclosed is a che-	eck for the following amount:	P P P
■ \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	ng Fee라 이 수 이 기계 이 이 Status 및 기계

**Registration Section** 

TO:

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

MLK Consulting Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_08/20/2024 and assigned Florida document number L24000364857 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." 2510 E State Road 60 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Valrico, Florida, 33594 2510 E State Road 60 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Valrico, Florida, 33594 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

## 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.

City

. Florida j

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>	Name	Address	Type of Action
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Fective date, if other than the n effective date is listed, the date muster: If the date inserted in this blument's effective date on the D	ist be specific and cannot be prior lock does not meet the applic	cable statutory filing	(option re than 90 days after fi requirements, this c	ling.) Pursuant to 60.	5.020 ted a
ecord specifies a delayed effectivis filed.	ve date, but not an effective t	ime, at 12:01 a.m. o.	the earlier of: (b)	The 90th day after	er the
08/28 ted	2024	///	.//		
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Filing Fee: \$25.00