L24000393609



| (F | Requestor's Name) | |
|------------------------|-------------------------|--------|
| • | | |
| (/ | Address) | |
| | | |
| (/ | Address) | |
| ((| City/State/Zip/Phone #) | |
| , | , , , | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (E | Business Entity Name) | |
| | Document Number) | |
| (, | Socument Nambery | |
| Certified Copies | Certificates of S | Status |
| | | |
| Special Instructions t | o Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500437305275

09/30/24--01015--025 **30.00

TALENT COLETA

COVER LETTER

| TO: | Registration Sec Division of Corp | | ? | • |
|---------|--------------------------------------|---|---|--|
| SUBJE | CT: JK | Global Consult Name of Limit | TING LLC company | |
| The end | closed Articles of A | cmendment and fee(s) are subn | nitted for filing. | |
| Please | return all correspor | dence concerning this matter t | o the following: | |
| | | <u>Jenn</u> | ifer Kott | |
| | | | Name of Person | |
| | | *** | Firm Company | <u></u> |
| | | 2590 | Erena Dr | |
| | | , | Address | T. 0.1/0 |
| | | New! | Smyrna Beach City/State and Zip Code | FL 32168 |
| | | JKK0++ | - @ gmail. com o be used for future annual report notif | ication) |
| For fur | ther information co | ncerning this matter, please ca | | |
| | Jennifa | er Kott | at (703) 898-1 | 9580 |
| | Name of | Person | Area Code Daytime | e Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| □ \$2. | 5,00 Filing Fee | S30,00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compan (A Florida Limited Li | NSULTING Was it now appears on our records.) |
|---|--|
| (A Florida Limited L | ability Company) |
| The Articles of Organization for this Limited Liability Company $\frac{1}{2400393609}$. | were filed on Sept 9, 2024 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | 2: 65 |
| Carlor and an article and describe and banking | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, <u>enter the name of the new</u> : |
| 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: | |

New Registered Agent's Signature, it 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------------|---------------|--|----------------|
| IMBR Jennifer Kott | Jennifer Kott | 2590 Erena Dr. New Sn Beach, FL 32168 | nyrna Ladd |
| | | | 5 0 |
| | | | Change [Ti+)e] |
| | | | |
| | | | Remove |
| | | · | Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | O Add | |
| | | | □ Remove |
| | | Change | |
| | | Add | |
| | | Remove | |
| | | | ☐ Change |

| _ | |
|--------------------------|--|
| | |
| | |
| _ | |
| _ | |
| _ | |
| | |
| | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| | |
| _ | |
| _ | |
| | |
| _ | |
| - | |
| _ | |
| | |
| Han effe <u>Note:</u> | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of 90th day after the record is filed. |
| Dated _. | 9/24/2024 |
| | Signaphre of a plember or authorized representative of a member |
| | Jennifer Kott |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00