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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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

Email Address: ute.wilmink@t-online.de

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONSULTANTS AT WORK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

From Corporate Service Center Inc 1.702.507.9682 Wed Oct 2 11:12:59 2024 MDT Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSULTANTS		
(Name of the Limited Liability Compa (A Florida Limited	iny <u>as It now appears on our records</u> Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 09/19/24	and assigned
Florida document number <u>L24000408212</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2125 Biscayne Blvd, 3R	d Floor
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33137	
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 her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fiorida street address	
		rida
	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

From Corporate Service Center Inc 1.702.507.9682 Wed Oct 2 11:12:59 2024 MDT Page 3 of 4

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

Title	Name	Address	Type of Action
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			Change
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	d specifies a deli Ith day after the			an effective t	ime, at 12:01	a.m. on the e	arlier d
ated	October 1		. 2024	. 12 1	Signal.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00