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 [PICK-UP WAIT MAIL
pro	(Business Entity Name)
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Specia	al Instructions to Filing Officer:
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	Office Use Only
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(850) 524-6243 Authorization Signature: MWCR CONSULTING, LLC **Business** Document # Will wait __ Walk in _X_ Certified Copy of the Articles of Organization X Certificate of Status **NEW FILINGS AMENDMENTS** _X_ _ Amendment Profit Resignation of R.A. Officer/Director Not for Profit __LLC Change of Registered Agent Dissolution/Withdrawal Domestication __ INC Conversion Statement of Correction. **CORP OTHER** Merger **OTHER FILINGS** REGISTRATION/QUALIFICATIONS Annual Report Foreign Filing Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC Statement of Authority Domestication of a Foreign Corp. APOSTIL COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

(850) 524-54372

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Registration Se Division of Cor			
MWCR Co	nsulting, LLC		
	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Catharine Riebenack Wils	on	
	- · · · -	Name of Person	
		Firm/Company	<u> </u>
	9010 Pittsburgh Blvd		
		Address	
	Fort Myers,FL 33967		
	Mwclconsulting.llc@gmail	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Catharine Riebenack Wil	at ()		_
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 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

MWCR Consulting, LLC.		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our reco nited Liability Company)	erds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/23/2024	and assigned
Florida document number L24000414430		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
MWCL Consulting, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.		y 1
TINCEPUL OFFICE AUGUESS MOST BE A STREET ADDRES.	<u> </u>	**
		<u> </u>
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		ma.
		5. ATE
		• • • • •
. If amending the registered agent and/or registered of	fice address on our records, <u>ent</u> e	r the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New President Office Address		
New Registered Office Address:	Enter Florida street addr	223
	r.	·lorida
	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 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
			□Add
			□Remove
			□Change
			□ Add
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	09/23/24				
ective date, if other than the da reffective date is listed, the date must b	ate of filing:	CCC	(optional)		.06.000
te: If the date inserted in this block	k does not meet the applicable sta	atutory filing requiren	nents, this date wi	ll not be l	isted as
cument's effective date on the Department					
ecord specifies a delayed effective d	ate, but not an effective time, at	12:01 a.m. on the earl	ier of: (b) The 9	0th day a	fter the
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s filed. October 3rd allharnie Rie	bual Wilson gnature of a member or authorized re	+ Mile a	iden		

Filing Fee: \$25.00