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S. PRATHER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: JOHN	Lewis V Com	Sulting LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspor	ndence concerning this matter	to the following:	
		John Lewis Name of Person	
	John	Lawis V Cowulting Firm/Company	LLC
	1011 Michigan Ave	. Apt #3 Miami Bead	n, FL, 53139
	Miami	Black FL 33139 City/State and Zip Code	
	E-mail address	IV 1995 @ Swail . tow to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
John Lo	· WI <u>S</u> Person	at (<u>90H</u>) <u>99H -</u> Area Code Daytime	0105 Telephone Number
Enclosed is a check for th	e following amount:		
ষ্ট \$25.00 Filing Fee	☐ \$30.00 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 S		Street Address: Registration Sec	ction
Division of Co		Division of Corp	
P.O. Box 632	•	The Centre of T	allahassee
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ASUlting LLC oility Company as it now appears on our records.)	2074
(A Flor	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on <u>October 28, 2</u>	and assigned
Florida document number L24000 455 889	·	
This amendment is submitted to amend the following:		6: 22
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	amited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDECC)	
(Principal Office address 51031 BE A STREET AD)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		name of the new registere
agent and/or the new registered office address here	<u>:</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	:1
	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

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>	<u>Name</u>	Address	Type of Action
MGP_	John Shelton Lewis V	1011 Michigan Ave, Apt +3	
		Miumi Beach FL 33139	□Remove
			□Change
			🗆 Add
			□Remove
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te: If the date inserted in this bloc ument's effective date on the Dep	k does not i	meet the appl	licable statuto				
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