

**L24000477820**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : INC AUTHORITY, LLC  
Account Number : I20240000004  
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Fax Number : (775)376-9207

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TALLAHASSEE, FLORIDA

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

Email Address: lylemarasigan@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A3 UNITED CONSULTING, LLC**

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

K. SALY

NOV 22 2024

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**A3 UNITED CONSULTING, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/12/24 and assigned  
Florida document number L24000477820.

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 "LLC."

Enter new principal offices address, if applicable:

100 East Pine Street Ste #110

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32801

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
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		.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change

2024 NOV 21 11:11  
DEPT. OF CORRECTIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2)(b)

(b) The 90th day after the record is filed.

Dated November 20, 2024.

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Lyle Marasigan

**Filing Fee: \$25.00**