## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 : (775)329-7721

: (775)376-9207 Fax Number

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

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From Corporate Service Center Inc 1.702.507.9682 Wed Nov 27 10:28:04 2024 MST Page 2 of 4

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

FILED 2024 DEC -2 AM O

Zw Code

A3 UNITED		AFT 9: 22
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our regards HASSEE.	FLORIDA
The Articles of Organization for this Limited Liability Com Florida document number L24000477820		and assigned
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 "Umited	Liability Company," the designation "LLC" or the abbrev	iuiìon "L.L.C."
Enter new principal offices address, if applicable:		······
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
	WHITE THE PROPERTY OF THE PROP	
Enter new mailing address, if applicable:	100 East Pine Street Ste #110	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32801	
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	<del></del>	name of the nev
registered agent and/or the new registered office address	nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fiorida	

## 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.

C tev

If Changing Registered Agent, Signature of New Registered Agent

Fro. Corporate Service Center Inc 1.702.507.9682 Wed Nov 27 10:28:04 2024 MST 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
			Add
			☐ Remove
			☐ Change
-61/			□ Add
			☐ Remove
			☐ Change
<u></u>			□ Add
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· · · · · · · · · · · · · · · · · · ·			_ □ Add
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			Change

Detect November 28 , 2024

Lyle Maresigen

Typed or printed name of signate

Page 3 of 3

Filing Fee: \$25.00