



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000283151 3)))



H160002831513ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

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

Email Address: _____

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 NOV 16 AM 11:19

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
 2016 NOV 16 PM 3:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NOV 17 2016

S. YOUNG

((H16000283151 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FG Consulting, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Diane M. Hernandez
Name of Person
Adams Gallinar, P.A.
Firm/Company
1000 Brickell Avenue, Suite 300
Address
Miami, Florida 33131
City/State and Zip Code
dhernandez@agilaw.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 16 AM 11:19

For further information concerning this matter, please call:

Diane M. Hernandez at 305 416-6800
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H16000283151 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((H16000283151 3))

FG CONSULTING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on March 8, 2005 and assigned Florida document number L0500023246

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED SECRETARY OF STATE TALLAHASSEE FLORIDA 16 NOV 16 AM 11:19

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

City, Florida 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

((H16000283151 3))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((HI6000283151 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Remir Fernando Guardazzi	5900 SW 73 Street	<input checked="" type="checkbox"/> Add
		Suite 301	<input type="checkbox"/> Remove
		Miami, Florida 33143	<input type="checkbox"/> Change
AMBR	Sergio Remo Guardazzi	5900 SW 73 Street	<input checked="" type="checkbox"/> Add
		Suite 301	<input type="checkbox"/> Remove
		Miami, Florida 33143	<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Change

REC'D OF STATE
SECRETARY OF FLORIDA
FALL HASSELL, FLORIDA
NOV 16 AM 11:19

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)(((H16000283151 3)))

Multiple horizontal lines for amending information.

16/NOV/16 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: (optional)
(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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 16, 2016

Handwritten signature of Robert R. Adams, Esq.

Signature of a member or authorized representative of a member

Robert R. Adams, Esq., Authorized Representative

Typed or printed name of signee