

L14000110295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

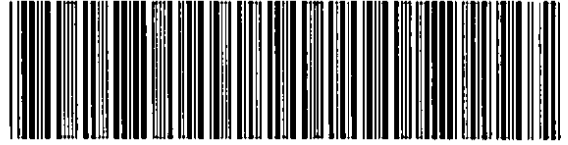
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D SCOTT

JUN - 8 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maltrec 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:

Alessandro Bruttini

Name of Person

Maltrec Consulting, LLC

Firm/Company

255 Alhambra Circle, Suite 301

Address

Coral Gables, FL 33134

City/State and Zip Code

abruttini@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alessandro Bruttini

305 7908321
at ()

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

FILED
2018 MAY 22 A 2:40
TALLAHASSEE, FLORIDA

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

Maltrec 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 07/11/2014 and assigned
Florida document number L14000110295

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)

255 Alhambra Circle, Suite 301

Coral Gables, FL 33134

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:

Alessandro Bruttini

New Registered Office Address:

255 Alhambra Circle, Suite 301

Enter Florida street address

Coral Gables

City

Florida 33134

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> |
|--------------|---------------------|--------------------------------|--|
| AMBR | alessandro Bruttini | 255 Alhambra Circle, Suite 301 | <input checked="" type="checkbox"/> Add |
| | | Coral Gables, FL 33134 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Alejandro Rivera | 255 Alhambra Circle, Suite 301 | <input checked="" type="checkbox"/> Add |
| | | Coral Gables, FL 33134 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Jose Aldemar Yusti | 255 Alhambra Circle, Suite 301 | <input type="checkbox"/> Add |
| | | Coral Gables, FL 33134 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Valentina Salas | 255 Alhambra Circle, Suite 301 | <input checked="" type="checkbox"/> Add |
| | | Coral Gables, FL 33134 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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 MAY 22 AM 12:40
 ALLAHASSEE, FLORIDA

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2023 MAR 22 A 2:40
FALLADAMUSSE, FL BRID

(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)

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 05/17, 2019



Alessandro Bruttini

Typed or printed name of signee