## L1500012232S

(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ress)	
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doca	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
161, 2.3.		

Office Use Only



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10/26/17--01023--018 \*\*50.00



S. WARREN DEC 0 4 2017



October 27, 2017

NATALIA MEDEIROS 446 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441

SUBJECT: 4 CONSULTING LLC Ref. Number: L15000122325

We have received your document for 4 CONSULTING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00021794

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

	stration Sect		.1	•
	4 CONSULT	ING LLC		
SUBJECT: ¸		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		NATALIA MEDEIROS		
			Name of Person	
		CSG- CAPITAL SERVIC	ES GROUP, INC	
			Firm/Company	
		446 W HIILSBORO BLV	D	
		<del> </del>	Address	
		DEERFIELD BEACH, FL	. 33441	
•			City/State and Zip Code	
		NATALIA@THEWAYGR		
			to be used for future annual report	nonneanon)
For further in	formation cor	ncerning this matter, please co	all:	
NATALIA M	1EDEIROS		954 427-4770 at ()	)
	Name of	Person	Area Code Day	rtime Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ER LOYALTY LLC"	WIBUHING CLC
(Name of the Limi	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number L15000122325	Liability Company were filed on 07/16/2015 and assigned
This amendment is submitted to amend the fol	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
LR LOYALTY LLC	
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 appli	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	Nor registered office address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	CSG- Capital Services Escup Inc  446 W Hillsboro Blvd  Enter Florida street address  DeeRfield Beach Florida 33441  City Zip Code
New Registered Agent's Signature, if changing	Registered Agent:
provisions of all statutes relative to the projection as reg	ed agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and sistered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited limit

Page 1 of 3

company has been notified in writing of this change.

Sitte Sitte

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>	Name	<u>Address</u>	Type of Action
MGR	CARLOS HS DE VASCONCELOS	18181 NE 31ST CT - UNIT 2209	
		AVENTURA. FL 33160	■ Remove
		<del></del>	☐ Change
MGR	RIDEL PEREZ GUERRA	18181 NE 31ST CT - UNIT 2209	Add
		AVENTURA, FL 33160	Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
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<del></del>		<del></del>	
			Remove  77 Name ange 30 Add
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Tective	e date, if other than the date of filing ive date is listed, the date must be specific and	g:	(optional)	
<u>ote:</u> If	the date inserted in this block does not n	neet the applicable statutory filing rea		
cumen	t's effective date on the Department of S	State's records.		
recor	rd specifies a delayed effective o	date, but not an effective time	e, at 12:01 a.m. on the e	earlier
	Oth day after the record is filed.			
nted	CTOBER 16	2017		
		·/\		
	Signatum de a	/m///mm	<u> </u>	_
	$\mathcal{L}$	member or authorized representative of a	NOV 30	-17
			$v_{ij} = \omega$	, ==
	LUCIA MARIA LAZAREVITCH	Typed or printed name of ciones		
	LUCIA MARIA LAZAREVITCH	Typed or printed name of signee		_ ;=
	LUCIA MARIA LAZAREVITCH	Typed or printed name of signee  Page 3 of 3	113	