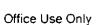
118000264274

(Requestor's Name)
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COVER LETTER

Division of Co		•	
	SERVICES LLC .		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for Gline	
	ondence concerning this matter	C	
use tetam un contesp	FABIANA DE BARROS	to the following.	
	LEGIT CONSULTING SE	Name of Person ERVICES LLC	
	6200 METROWEST BLV	Firm/Company D 201D	
	ORLANDO-FL , 32835	Address	
	INFO@LEGITCS.COM	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please ca	to be used for future annual report notifi all:	ication)
FABIANA DE BARRO	s	407 2852290	3
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAFETAL SERVICES LLC

(Name of the Limi	ted Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L18000264274</u>	iability Compan	y were filed on 11/13/2018	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		4°
			10
			导
Enter new mailing address, if applicable:		N/A	Ω.
(Mailing address MAY BE A POST OFFICE BOX)			· · ·
	<u></u>		, o
B. If amending the registered agent and registered agent and/or the new registered o			nter the name of the
Name of New Registered Agent:	LEGIT CONS	ULTING SERVICES LLC	
New Registered Office Address:	6200 METRO	WEST BLVD 201-D	
		Enter Florida street address	
	ORLANDO	Florid	32835

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 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			🗆 Remove
			Change
			□ Add
			☐ Remove
			□ Change
			
			□ Remove
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			<u>.</u>	
Effective date, if other than the date is listed, the date must Note: If the date inserted in this blockdocument's effective date on the Dep	ck does not meet the	applicable statutor	(op ng or more than 90 days at y filing requirements, (otional) fter filing.) Pursuant to 605.02 this date will not be listed
ne record specifies a delayed The 90th day after the reco	effective date, b		tive time, at 12:0:	I a.m. on the earlier
Dated	, 2019			
	ignature of a member of	or authorized represe	ntative of a member	
JUAN C OVALLES		CADI	4	
- · · · · · · · · · · · · · · · · · · ·	Typed o	or printed name of sig	mee	

D. It amending any other information, enter change(s) here. (Mach additional sneets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00