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(Re	questor's Name)	
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SIMMONS
MAR 25 2020

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: 14 Consultu	W LLC
Name of Lin	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
	luan V. ugas
	Name of Person
2	EU CONSULTING LIC Firm/Company
	Firm/Company
19	374 DISCOVERY Why
	Address
$\mathcal{I}_{\mathcal{I}}$	Perfect Brich F 33-142
	City/State and Zip Code
	iuan V ugas egmall com (to be used for fluture annual report notification)
For further information concerning this matter, please	call:
TIFfam Reccardi	at (<u>SW</u>) <u>3/Z/8S</u> Area Code Daytime Telephone Number
Name of Pepson	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigsiz \\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 U Consieltyr	y LLC	
(Name of the Limited Liability Company as it) (A Florida Limited Liability)	nów appears on our reco Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Company were fi	led on	1, 2020 and assigned
Florida document number <u>L 20000 491 22</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	mpany here:	
NA		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "L	
Enter new principal offices address, if applicable:		2020 2
Principal office address MUST BE A STREET ADDRESS)	NA	
		. 2
		P I I
Enter new mailing address, if applicable:	NA	
Mailing address MAY BE A POST OFFICE BOX)		7.5. 7.2
3. If amending the registered agent and/or registered office address	on our records, <u>ent</u>	er the name of the new regis
agent and/or the new registered office address here:		
Name of Name Projectored Amonte	/	
Name of New Registered Agent;	N/A	<u></u>
New Registered Office Address:	Enter Florida street ada	
	Emer r tortaa sireet aaa	(7V3)
Cin		FloridaZip Code
·	•	х.р.√.оне
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree to accrossions of all statutes relative to the proper and complete perform		

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>	Type of Action
mge	Suan V. Ugas	1874 Discovery way, Dec.	Add XAdd
			□ Rепюче
			□Change
lge	Tiftany Riccardi	121 Sentago Dr. #105	□Add
			XRemove
			Change
<u>AMB</u> R	Tiffany Riccardi	121 Santiago Dr. +105 Supin	233456 22Add
		· : 1	Remove
		r iii ri	~ □Change
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		<u> </u>	-	
ective date, if other than the date of filing:	date of filing or more than W.	(optional)	nant to 605	n a c
te: If the date inserted in this block does not meet the applicable timent's effective date on the Department of State's records.				
union screenve date on the Department of State's records.				
ecord specifies a delayed effective date, but not an effective time s filed.	e, at 12:01 a.m. on the earli	ier of: (b) The 90t	h day after	r the
$\frac{3}{3}$ $\frac{3}{2020}$				
î)			
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