## 121000159464

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(Business Entity Name)
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2021 NOY -8 AM 10: 00

C. BRUMBLEY

	ISULTING MIAMI, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEXANDRE BALLERI	NI	
		Name of Person	
	ALEXANDRE BALLERI	NI PA	
		Firm/Company	
	1111 LINCOLN ROAD SI	ЛТЕ 500	
		Address	
	MIAMI BEACH FL 33139	)	
		City/State and Zip Code	
	ALEX@ALEXBALLERIN		
	E-mail address: (	to be used for future annual report	notification)
For further information c	oncerning this matter, please ca	all:	
ALEXANDRE BALLER	RINI	305 507 9699	
Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
CK#1782	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
CF#1782 Enclosed	•		(additional copy is enclosed
Mailing Address	· ·	Street Address	•
Mailing Address: Registration Section		Registration	Section
Division of Corporations		Division of 6	Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

ADEL CONSULTING MIAMI, 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 \_\_\_\_\_\_ and assigned Florida document number \_\_L21000159464 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

or removed from our records:

## MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR BREGUET, MARIE	BREGUET, MARIE	1504 BAY ROAD, APT 1808	□ Add
		MIAMI BEACH, FL 33139	■Remove
	<del></del>		□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□ Add
			Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change

Effective date, if other than the date of filing:		
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	Dated	
ADEL BOURKIA		Signature of a member or authorized representative of a member
	ΑI	DEL BOURKIA

Filing Fee: \$25.00