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COVER LETTER

TO:	Registration Se Division of Cor			
emone.		NSULTING LLC		
SUBJE	CI;	Name of Limi	ted Liability Company	
The ene	lused Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Michael Merino		
			Name of Person	
		Law Offices Michael Merid	no PA	
			Firm/Company	
		6741 Orange Dr		
			Address	
		Davie, FL 33314		
			City/State and Zip Code	
		mmerino@merinolegal.com	o be used for future annual report notifi	eglast)
Ear fact	ner information c	concerning this matter, please ea		Canoni
		oncerning this matter, prease ea		
Michael		<u>. </u>	954 321-7701 at ()	Telephone Number
	Name o	if Person	Area Code Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$25	.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	ss: Castian	Street Address:	tion

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERM CONSULTING LLC

(Name of the Limited Liability Company as it no

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{121000515913}{12000515913}$.	were filed on 12/06/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." 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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street address ;; 🖘
	Cuy Florida Zip Ochis
New Registered Agent's Signature, if changing Registered Agent:	. 22
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	r performance of my duties, and I am familigir with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	nging 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
MGR	JOSEFINAALEJANDRA	23 DE SEPTIEMBRE, 405	□Add
	Rosas Caza	COL. MORELOS TOLUCA, MX CP 52-120 MX	□ Add
			□Change
			ĒJAdd
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<u>te:</u> If the date ins	serted in this block do	es not meet	t the applicabl					
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	Signati	ue of a men	nber or authoriz	ed representat	ive of a men	iber		_

Filing Fee: \$25.00