L17000047288

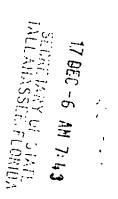
(Requestor's Name)
(Address)
(Address)
(.a.c.)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se- Division of Cor						
CUDI	Consultician						
SUBJ	ECT:		ited Liability Company				
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Santiago Armando					
Name of Person							
		Consultician LLC					
			Firm/Company				
	2718 Coconut Avenue						
			Address	·			
		Miami FL 33131					
		City/State and Zip Code santiago.armando@theconsultician.com					
			to be used for future annual report notif	ication)			
For fu	rther information co	oncerning this matter, please co	all:				
Santia	go Armando		305 9754482				
	Name of	f Person	at () Area Code Daytime	: Telephone Number			
Enclos	sed is a check for th	e following amount:					
₽ \$2	15.00 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)			

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

Consultician LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Liab lorida document number L17000047288	ility Company were filed on 02/28/2017	and assigned
his amendment is submitted to amend the follow	îng:	
. If amending name, enter the new name of th	ne limited liability company here:	
rmando 87, LLC		
ae new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	DX)	
If amending the registered agent and/or	registered office address on our records, ente	er the name of the
egistered agent and/or the new registered offic		المنظم المنظم
		7 8
Name of New Registered Agent:		AHA AHA
		38.7 6
New Registered Office Address:	Enter Florida street address	
	isher Fibrial Street address	E C
	, Florida	<u> </u>
	City	€ Zip (Co de

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 the 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.

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	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			
		 	☐ Remove
		 	☐ Change
			Add
			П Rетоve
			☐ Change
	 		
			☐ Remove
			☐ Change
			
			☐ Remove
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ective date, if other than the da	te of filing:			(c	ptional)	
effective date is listed, the date must be effective date inserted in this block	specific and cannot	ot be prior to da		ore than 90 days	after filing.) Pursu	
ument's effective date on the Depa			statutory min	g requirements.	tins date with ne	A OC HARCH
record specifies a delayed e he 90th day after the record		but not ar	effective t	ime, at 12:0)1 a.m. on th	e earlier
	20	17				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00