that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CAMILA ROIZENTAL AUTHORIZED MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

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2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000121919

Entity Name: ND CONSULTING, LLC

Current Principal Place of Business:

10540 NW 26TH ST SUITE G-108 DORAL, FL 33172

Current Mailing Address:

10540 NW 26TH ST SUITE G-108 DORAL, FL 33172 US

FEI Number: 82-1768510

Name and Address of Current Registered Agent:

ND CONSULTING GROUP, LLC 10540 NW 26TH ST SUITE G-108 DORAL, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	ND CONSULTING GROUP			03/18/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	DOMINGUEZ, CAROL	Name	ROIZENTAL, CAMILA	
Address	7832 NW 110TH AVE	Address	3300 NE 188 ST	
City-State-Zip:	DORAL FL 33178		APT 418	
		City-State-Zip:	AVENTURA FL 33180	
Title	AUTHORIZED MEMBER			
Name	NOGUERA, WILFREDO			
Address	7832 NW 110TH AVE			
City-State-Zip:	DORAL FL 33178			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Certificate of Status Desired: No

FILED Mar 18, 2020 Secretary of State 8641244584CC

> 03/18/2020 Date