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DIVISION OF CORPORATION

N COOPER SEP 0.7 2018

COVER LETTER

TO: Registration Se Division of Co			
IND Cons	ulting		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Thease retain an eares,	Dennis Sanchez	w me to he mag.	
		Name of Person	
	IND Consulting		
	731 Shotgun Road	Firm/Company	
		Address	
	Sunrise. FL 33326		
	accounting@indconsultin	City/State and Zip Code g.com	
	E-mail address: (to be used for future annual report north	cation)
For further information of	concerning this matter, please co	all:	
Dennis Sanchez		954 756-6883	
Name o	of Person	at () Area Code — Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ 825.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional 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

IND Consulting		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L08000106515	ompany were filed on 11/17/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
N/A- no changes		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" unti-	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A no changes	;
Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	N/A no changes	P-4 PH 2: 54
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: N/A no		ter the name of the n
Name Danierana I Office Address		
New Registered Office Address:	Enter Florida street address	
	Florida	
	Chy	Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Shari Gottlieb	18930 NW 22nd ST	
		Pembroke Pines, FL 33029	
			■ Remove
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