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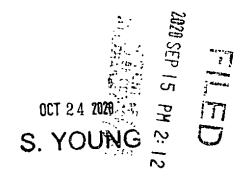
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
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COVER LETTER

	Registration Se Division of Cor			
eun iez		Consulting and Social Service L	eague LLC	
:SUBJEC	,l:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		Marcela Gomez		
			Name of Person	
		American Consulting and	Social Service League LLC	
			Firm/Company	
		1380 NE Miami Gardens I	Or, Suite 207	
			Address	
		North Miami Beach, FL, 3	3179	
			City/State and Zip Code	
		info@acssl.org E-mail address: (to be used for future annual report notifica	ation)
For furth	er information c	oncerning this matter, please c	·	
Marcela	Gomez		954 8896747 at ()	
- ,	Name o	f Person		elephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.	00 Filing Fec	■ \$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 Addres Registration S		Street Address: Registration Secti	on

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

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

American Consulting and Social Se	rvice League LLC		2920
(Name of the Limit	ed Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)	S II
The Articles of Organization for this Limited Li	iability Company	were filed on <u>02/13/2009</u>	4 ⊆ and assigned T
Florida document number 1.09000015345			300 3 7
This amendment is submitted to amend the follo	owing:		2:12
A. If amending name, enter the new name of	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1380 NE Miami Gardens Dr. Suite	: 215
(Principal office address MUST BE A STREET ADDRESS)		North Miami Beach, FL, 33179	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office	1380 NE Miami Gardens Dr. Suite North Miami Beach, FL, 33179 address on our records, enter the	
Name of New Registered Agent:	N/A		
New Desires of Office Address	N/A		
New Registered Office Address:	·	Enter Florida street address	
		Floric	la
	-	City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as _l registered office	performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and Or, if this document is

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>	Address	Type of Action
MGRM	LIGA AMERICANA DE CONSUI	1380 NE MIAMI GARDENS DR SUITE 207	□Add
		NORTH MIAMI BEACH, MIAMI, FL 33179	■Remove
			□Change
N/A ———	N/A	N/A	□Add
			Remove
			□Change
N/A	N/A	N/A	🗀 Add
			Remove
			□Change
N/A	N/A	N/A	🗆 Add
			Remove
			□Change
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tan efi <u>Note:</u>	date, if other than the date of filing:
	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
e record ed is fi Dated	PTEMBER 02 2020
d is fi	2020 2020 Company of the President of th
d is fi	Signature of a member or sufforized representative of a member

· · · .

Filing Fee: \$25.00