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DIVISION OF COMPGRATIONS



### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MARCAM COUSULTING, LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chonstina Montoto Name of Person
MARCAM CONSULTING UC Firm/Company
5765 NW  51 STREET
MIAMI (AKES FZ 33014 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Montoo at (786) 797 0030  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

Street Address: 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

( <u>Name of the Lin</u>	nited Liability Compar (A Florida Limited L	ny as it now appears on o liability Company)	ur records.)		
The Articles of Organization for this Limited Florida document number LIOCOO		were filed on 1.11.	2010	_ and ass	signed
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liabi	lity company here:			
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company." the designa	tion "LLC" or the abbr	eviation "L	.L.C."
Enter new principal offices address, if appl	icable:	NA			
Principal office address MUST BE A STRE	EET ADDRESS)	<u> </u>			21A 0 10 10
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>E <i>BOX</i>)</u>	N/A		23 Aw 29 PM	IS ON OF CORNER
B. If amending the registered agent and/or		ddress on our record	ls, enter the name	12:40 of the ne	W registered
Name of New Registered Agent:	Chaisi	NEW 151 ST			
New Registered Office Address:	MIAMI L	Enter Florida st	reet address , Florida _32	SO 4 Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

MARGAM CONSULTING (10)

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.

I 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
Manas	ANBEL Montoto	5765 NW 151 STREET	□Add
		MIAMILAKES, FL 33014	Remove
			□Change
			□Add
			□Remove
		🗀 Change	
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(If an effo <u>Note:</u>	ve date, if other than the date of filing:
the recordecord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	<u>0070862 10</u> . 2023.
	Signature of a member or authorized representative of a member
	Charstina Monttoro Typed or printed name of signee

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