

L10000038330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100209467021

07/05/11--01012--018 **35.00

FILED

2011 JUL 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 19 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2011

ROBERTO IBARRA
R. IBARRA EA, PA
745 SW 35 AVENUE, SUITE 204
MIAMI, FL 33135

SUBJECT: 55 CONSULTING LLC
Ref. Number: L10000038330

We have received your document for 55 CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00016121

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 55 CONSULTING LLC
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:

ROBERTO IBARRA

Name of Person

R. IBARRA EA, PA

Firm/Company

745 SW 35 AVENUE, SUITE 204

Address

MIAMI, FL 33135

City/State and Zip Code

ribarraeapa@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO IBARRA

Name of Person

at (305)

443-5114

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

FILED

2011 JUL 18 AM 10:15

55 Consulting LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04-09-2010 and assigned
Florida document number L10000038330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

745 SW 35 AVE, SUITE 204

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33135

Enter new mailing address, if applicable:

745 SW 35 AVE, SUITE 204

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33135

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIA B. ARIAS

New Registered Office Address:

745 SW 35 AVE, SUITE 204

Enter Florida street address

MIAMI

Florida

33135

City

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 608, 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.

Maria B. Arias
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 1ST, 2011

Signature of a member or authorized representative of a member

LUCIANO GIANNANGELO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 18 AM 10:15

FILED