

L11000010803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

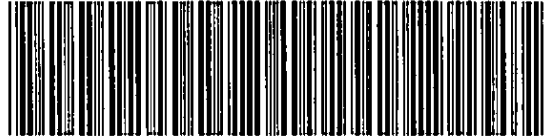
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/20/20--01020--014 *\$50.00

FILED
2020 AUG 20 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
OCT 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUTEG 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:

YVETTE RASHID

Name of Person

UNIVERSAL ACCOUNTING & FINANCIAL SERVICES INC

Firm/Company

6620 SOUHTPOINT DRIVE S SUITE 505

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

info@universalaccountingfinancial.com

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

For further information concerning this matter, please call:

YVETTE RASHID

954 728-8982
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2020 AUG 20 PM 4:51
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COUTEG CONSULTING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/26/2011 and assigned Florida document number LI1000010803.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6620 SOUTHPOINT DRIVE S

SUITE 505

JACKSONVILLE, FL 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6620 SOUTHPOINT DRIVE S

SUITE 505

JACKSONVILLE, FL 32216

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:

UNIVERSAL ACCOUNTING & FINANCIAL SERVICES INC.

New Registered Office Address:

6620 SOUTHPOINT DRIVE S SUITE 505

Enter Florida street address

JACKSONVILLE

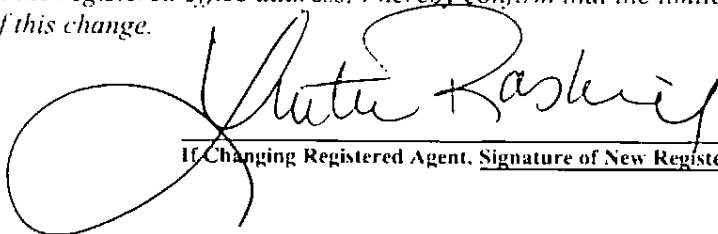
City

Florida 32216

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>	<u>Type of Action</u>
MGRM	MARIN, BENITO J	6620 SOUTHPOINT DRIVE S	<input type="checkbox"/> Add
		SUITE 505	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2020 AUG 20 14:51
 JALLAN ASSOC FL
 REMOVE
 CHANGE
 ADD

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

FILING AMENDMENT TO CHANGE OFFICE ADDRESS, MAILING ADDRESS AND

REGISTER AGENT ADDRESS.

2020 AUG 20 PM 4:51
SECRET
TALLAHASSEE, FL

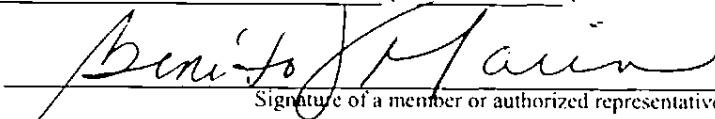
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 08/14 2020



Signature of a member or authorized representative of a member

BENITO J MARIN

Typed or printed name of signee

Filing Fee: \$25.00