## 111000050142

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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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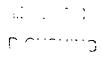
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person
1/xx ON CONSULT INT. 1LC Firm/Company
7110 HARVEST GLEN LANE
Address
RIVERVIEW FL 33578  City/State and Zip Code  UDUTOWG QLY AHOU COM
UDO TONCE YAHOO COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1TA UDUTOWG at (813), 451 2158  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Finchesed is a check for the following amount:
Enclosed is a check for the following amount:
数 \$25.00 Filing Fee

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

LXX ON CONSULT INT. 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 $\frac{04/28/2011}{28/2011}$ and assigned Florida document number $\frac{11000050142}{28/2011}$ .
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)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the re-
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
—————————————————————————————————————
City Zin 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

Title	Name	Address	Type of Action
AMBR	CHARITY UNOTONG	7110 HALVEST GLEN LANG	⋈ ∨qq
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Note: if the	date, if other than the date of filing:	to 605.0207 ( be listed as t
ne record The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the of the day after the record is filed.	earlier of:
Dated	11/08/2018	
	Signature of a member or authorized representative of a member	
	signature of a member of authorized representative of a member	

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Filing Fee: \$25.00