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SECRETARY OF STATE

T. CLINE
JUN 1 9 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Constanta 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:
Edmalia Constanza
E-Con Consulting LLC Firm/Company
16851 NE 2312 Ave # 404
NHB, Fl 33160 City/State and Zip Code Edmalia. Constante E amailer om E-mail address: (to be used for future annual reports of fiction)
For further information concerning this matter, please call:
Edmalia Constanta at (718, 778 641) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

of Section B, C, D address needs to be updated.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	CONJU H	y as it now appears on our r	ecords.)
(A FI	orida Limited Li	y as it now appears on our r ability Company)	 ·
The Articles of Organization for this Limited Liab Florida document number <u>L11 00013</u>	ility Company v <u>7-04</u> 3	vere filed on13/6	11 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liabil	ity company here:	
The new name must be distinguishable and end with the "L.L.C."	ting LLI	ed Liability Company," the de	-
Enter new principal offices address, if applicab		16851 NE 2 MyB. F1 3	300 Ave Svite 44,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>	Same 95 16851 NE NUB. F13.	Principal Addres 23rd Ave # 404 3160 ====================================
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered offi e address here	ce address on our recor	ds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Sam	e as Princip	ocal Address
	16851 NE	Enter Floride 2312 Ave # 404	Florida <i>F. J. 33/60</i>
		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.

L11000137043

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

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGA	Edmalia Constanza	1685) NE 231d Ave #	404 tupdate Addiess' Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang Please update A11	ge(s) here: (Attach additional sheets, if neces Addresso +0:	
_	16851 ME NMB, FI	331 60	ZIIZ JUN 18 PH P. SECHETARY OF STA
	31 12	·	
	Edm	a lia (0n) + analy d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00