## L12000042189

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificate	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporation						
SUBJECT: Claving Consulting Group LC  Name of Similar Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Jonathan	Name of Person				
	Clavijo Consul	ting Group LLC Firm/Company	<del></del>			
	P080X 26T	7091				
	weston FL	33326				
City/State and Zip Code						
City/State and Zip Code  jon 1401 Obell South net  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Torrathan Clavijo at (954) 232 - 4726  Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$30.00 Filing Fee \$ \$60.00 Filing Fee,						
7	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			

**MAILING ADDRESS:** 

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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

FILED

12 JUN 27 PM 3: 04 Clavip Consulting Group LLC SECREJARY OF STATE (Name of the Limited Liability Company as it now appears on our records) ASSEE, ELORIDA (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/36/2013 Florida document number <u>L 12000042189</u> 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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.

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>	Name	Address	Type of Action	
			Add	
			Remove	
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D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	ary.)	
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			3: Ou	
Dated	June 23, 20	12.		
	frathe 1			
	Signature of a member	or or authorized representative of a member	<del></del>	
	Jonat	than Clavijo  I or printed name of signee	<del> </del>	
	Type	tot brunen umine or sikues		

Page 2 of 2

Filing Fee: \$25.00