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12 JUN - 7 PH 2: 44
SCORE PARY OF STATE

D. BRUCE
JUN 0 8 2012
EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	_C					
		Name of Lim	ited Liability Company			
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	oondence concerning this matte	r to the following:			
	MARIA CANTERO					
			Name of Person			
			Firm/Company			
	15601 SW 137 AVE, APT 23					
	Address					
	MIAMI, FL 33177 City/State and Zip Code					au-str
		mar	yacantero@hotmail.com	iention)	E LAS	ening.
For fur	ther information	concerning this matter, please	·	canony	12 JUN - 7 PM 2: 44 SEURETARY OF STATE ALLAHASSEE, FLORIO	
	MA	RIA CANTERO	at (_786_)	3680400	2: 4 STAT LORI	(_
	Name	of Person	Area Code & Daytim	e Telephone Number	> = = = = = = = = = = = = = = = = = = =	
Enclos	ed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &	i)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SULTING SERVICE	=S LLC		
imited Liability Company)	on our records.)		
ompany were filed on	5/21/2012 and assigned		
ed liability company here	:		
ls "Limited Liability Compan	y," the designation "LLC" or the abbreviation		
ESS)	<u> </u>		
	FILED JUN-7 PH 2: 44 RETARY OF STATE AHASSEEL FLIORIO		
ered office address on ou ess here:	ir records, enter the name of the new		
Finte	er Florida street address		
Em.	Emer Fioriaa sireei aaaress		
City	, Florida Zip Code		
	company as it now appears mited Liability Company) company were filed on ed liability company here s "Limited Liability Company ESSS) cred office address on our ess here: Enter		

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>	<u>Name</u>	Address	Type of Action
MGRM	ORLANDO JOSE SEOANE	15601 SW 137 AVE APT 23 MIAMI, FL 33177	✓ Add Remove
			Add Remove
<u></u>			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if nece	essary.)
			12 JUN-7 SLORE TARY
 Dated	June 4	2012	FLORING FLORING
	Signature of a mer	mber or authorized representative of a member	~ ~
	~	Ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00