## L120000 87257

| (Red                                    | questor's Name)   |             |  |  |
|---|-------------------|-------------|--|--|
| (Add                                    | dress)            | <del></del> |  |  |
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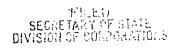
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JUL 1 6 2012 T. HAMPTON

## **COVER LETTER**

|                     | tion Section of Corporations   | •  | 4   |  |  |  |
|---------------------|--|--|---|--|--|--|
| SUBJECT:            |  |  |   |  |  |  |
| SOBJECT.            |  | Consulting, LLC nited Liability Company  | <del></del>                                   |  |  |  |
| The enclosed Art    | cles of Amendment and fee(s) are so  | ubmitted for filing.   |   |  |  |  |
| Please return all c | orrespondence concerning this matt   | er to the following:   |   |  |  |  |
|                     |  | Alejandro Recio  |   |  |  |  |
|                     |  | raine or reison  |   |  |  |  |
|                     | AEA Consulting, LLC  |  |   |  |  |  |
|                     | Firm/Company   |  |   |  |  |  |
|                     |  | 9500 NW 8th Street   |   |  |  |  |
|                     |  | Address  |   |  |  |  |
|                     | Pe   | embroke Pines, FL 33024  |   |  |  |  |
|                     |  | City/State and Zip Code  |   |  |  |  |
|                     | ale E mail addrass   | exrecio2010@gmail.com (to be used for future annual report notifi  | oution) :                                     |  |  |  |
| For further inforn  | nation concerning this matter, please  |  |   |  |  |  |
|                     | Alejandro Recio  | *** \ /  | 591-5887                                      |  |  |  |
|                     | Name of Person   | Area Code & Daytimo  | c Telephone Number                            |  |  |  |
| Enclosed is a che-  | ck 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   | Solution (1997) (additional copy is enclosed) |  |  |  |
| espres to te        | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2661 Executive Ce<br>Tallahassee; FL 32 | n<br>ations<br>nter Circle                    |  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 JUL 13 PH 12: 11

| AEA Consul   | ting, LLC                            |                          |                       |  |
|--|--------------------------------------|--------------------------|-----------------------|--|
| ( <u>Name of the Limited Liability Company</u><br>(A Florida Limited Lia     | y as it now appears ability Company) | on our records.)         |                       |  |
|  |                                      |                          |                       |  |
| The Articles of Organization for this Limited Liability Company v            | vere filed on                        | July 3, 2012             | and assigned          |  |
| Florida document number <u>L12000087257</u>                                  |                                      |                          |                       |  |
| This amendment is submitted to amend the following:                          |                                      |                          |                       |  |
| A. If amending name, enter the new name of the limited liabil                | ity company here                     | :                        |                       |  |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | ed Liability Compan                  | y," the designation "LLC | " or the abbreviation |  |
| 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)                                   |                                      |                          |                       |  |
| [Maning underst MAT BE A POST OFFICE BOA]                                    |                                      |                          |                       |  |
|  |                                      |                          |                       |  |
| B. If amending the registered agent and/or registered office address here:   |                                      | ir records, enter the    | name of the new       |  |
|  |                                      |                          |                       |  |
| Name of New Registered Agent:  | <del></del>                          | <u> </u>                 |                       |  |
| New Registered Office Address:   |                                      |                          |                       |  |
|  | Enter Florida street address         |                          |                       |  |
|  | City                                 | , Florida                | Zip Code              |  |
| N. D. L. J. A. G. J. M. J. D. J.         | Cny                                  |                          | Lip Couc              |  |

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 **Address** Type of Action <u>Title</u> <u>Name</u> MGRM Alejandro Recio 9500 NW 8th Street ✓ Add Pembrok Pines, FL 33024 Remove ☐ Add Remove \_\_\_ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 10 2012 Dated \_\_\_\_ Signature of a member or authorized representative of a member Alejandro Recio

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00