

Florida Department of State Division of Corporations

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To:

Division of Corporations

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COVER LETTER

TO:

Registration Section Division of Corporations

INTERSTATE CONSULTING GROUP, 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:

GLADIS FERNANDEZ

Name of Person

INTERSTATE CONSULTING GROUP, LLC

Firm/Company

5851 NW 62ND AVE

Address

TAMARAC FL 33319

City/State and Zip Code

interstatecg2013@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLADIS FERNANDEZ

.954 , 461-1815

Name of Person

Arca Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

☐\$55.00 Filing Pee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERSTATE CONSUL						
(Name of the Limi	(A Florida Limited	pany as it now appe Liability Company)	ers on our records.)	•		
The Articles of Organization for this Limited	Liability Compan	y were filed on 01	/07/2013	and assigned		
Florida document number L13000002923			,			
This amendment is submitted to amend the fo	flowing:	•	•			
A. If amending name, enter the new name	of the limited lial	bility company her	<u>.</u> <u>.</u>			
The new name must be distinguishable and end v "L.L.C."	with the words "Lin	nited Liability Comp	any," the designation	"LLC"	or the ab	breviation
Enter new principal offices address, if applicable:		1702 NW 92	ND CIRCLE			
(Principal office address MUST BE A STREET ADDRESS)		CORAL SPR	INGS FL 33071	(
·				ΞĚ	-	
Enter new mailing address, if applicable:		1702 NW 921	ND CIRCLE	L'AHA		
(Mailing address MAY BE A POST OFFICE BOX)		CORAL SPR	INGS FL 33071	1/3 ¹	2	2 Tr 100
				Ţñς.	هدي روزي	· चक्क 1,
B. If amending the registered agent and			our records, <u>enter</u>	the na		the new
registered agent and/or the new registered o	ffice address here	<u>e</u> :		ĒΑ	CT	
Name of New Registered Agent:	CARMEN BELTRAN					
New Registered Office Address:	1702 NW 9	2ND CIRCLE				
· · · · · · · · · · · · · · · · · · ·	Enter Floridu street uddress					
	CORAL SPI		Florida 33	3071	<u></u>	,,,
,		City		Zip C	ode	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Address Type of Action Name 1702 NW 92ND CIRCLE **CARMEN BELTRAN MGR CORAL SPRINGS FL 33071** Remove

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effective date is listed, the c DECEMBER 30	wie litest of :	2013		
DECEMBER 30)	2013 Laur	norized representative	