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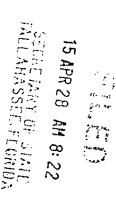
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COVER LETTER

TO:	Registration Division of C					
our in	Consu	iltores Venezuela, LLC				
SUBJE	Name of Limited Liability Company					
		of Amendment and fee(s) are subspondence concerning this matter	-			
		Juan Carlos Rivas				
			Name of Person			
		Consultores Venezu	ela, LLC			
			Firm/Company			
		1124 E Mowry Dr, #	203			
		Address				
		Homestead, FL, 330	930			
			City/State and Zip Code			
		jcrivas@consultoresv				
		E-mail address: (1	to be used for future annual report notif	ication)		
For furth	ner informatio	n concerning this matter, please ca	ail:			
Juan (Carlos Riva	as	786 752.22.52			
	Nam	ne of Person	Area Code Daytime	Telephone Number		
Enclose	d is a check fo	or the following amount:				
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MA	ILING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Florida	ip Code	
		Florido		
New Registered Office Address:	Enter Florida stree	et address		
New Projectored Office Address				
Name of New Registered Agent:				
registered agent and/or the new registered office ad	dress here:	ecords, <u>enter the</u>	<u> </u>	the ne
B. If amending the registered agent and/or reg	ristered office address on our r	records enter the	ည္း ကု လု	the ne
		-77 		4
(Mailing address MAY BE A POST OFFICE BOX)			元 <u>の</u>	h
• • • • • • • • • • • • • • • • • • • •		i i	S 70	sale tea
Enter new mailing address, if applicable:		<u>~</u>	# ?	
		1	ीं की	
(Principal office address MUST BE A STREET ADI	ORESS)			
Enter new principal offices address, if applicable:				
The new name must be distinguishable and end with the words "	Limited Liability Company," the designa	tion "LLC" or the abbre	viation "L,l	C."
IT-Solutions Consulting Group, LLC				
A. If amending name, enter the new name of the li	mited liability company here:			
This amendment is submitted to amend the following:				
Florida document number L1300008810	·			
The Articles of Organization for this Limited Liability	Company were filed on electron	nically	and assig	gned
(Name of the Limited Liah	ility Company as it now appears on ou ida Limited Liability Company)	r records.)		
Consultores Venezuela, LLC (Name of the Limited Liab	ility Company as it now appears on ou	r records.)		

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			□ Remove
			□ Remove
			□ Remove
			□ Remove
			
			Add
			☐ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated April 22 , 2015 .
	/ sear / autos) is
	Signature of a member of authorized representative of a member
	Juan Carlos,Rivas

Page 3 of 3

Filing Fee: \$25.00

15 APR 28 MM 8: 22 SECRETARY OF STATE