L13000008810

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL.
(Bus	siness Entity Nan	ne)
(Dad	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



800277341048

09/28/15--01005--002 **25.00

2015 SEP 28 PM 3: 09
SECRETARY OF STATE

K.SALY EXAMINER SEP 3 0 2015

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	IT-Solution	ns Consulting Group, LLC		
SUBJEC	-1:	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Juan Carlos Rivas		
			Name of Person	<u> </u>
		IT-Solutions Consulting G	iroup, LLC	
			Firm/Company	
		1112 E Mowry Dr # 105		
			Address	
		Homestead/Florida 33030		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		jcrivas@it-solutionscg.com		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	er information o	oncerning this matter, please ca	all:	
Juan Car	los Rivas		786 752.22.52 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
= \$25. 0	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)

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



IT-Solutions Consulting group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on electronically	and assigned
Florida document number L13000008810		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1112 E Mowry Dr # 105 Homestead	d, FL, 33030
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1112 E Mowry Dr # 105 Homestead	1, FL, 33030
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	City	Zip Code

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			□ Remove	
			□ Change	
			Add	
			□ Remove	
			Clarge S T	
			SECULA Add 28 3: C	
			To the control of the	
			Add	
			☐ Remove	
			Change	
			□ Remove	
			□ Change	
· · · · · · · · · · · · · · · · · · ·			Add	
			☐ Remove	
			Change	

	د	
	A SEL CALLANS SERVE	
		,
		<u>څ</u> و
	- And Andrews	P .
		, (
		r^
	-	
	· · · · · · · · · · · · · · · · · · ·	
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to dete: If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.020 estatutory filing requirements, this date will not be listed a	07 (3 is th
record specifies a delayed effective date, but not a he 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier $lpha$	of:
ed September 25 , 2015 ,		
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

Page 3 of 3

Filing Fee: \$25.00