L13000037158

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OCT 28 2020

COVER LETTER

O: Registration Division of C				
	INANCIAL CONSULTING, LL	.C		
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Julio Gutierrez. Esq.			
	-	Name of Person		
	Law Office of Julio Gutier	rrez, P.A.		
		Firm/Company		
	2464 SW 137 Avenue			
		Address		
	Miami, FL 33175			
		City/State and Zip Code		
	jgpa@msn.com	to be used for future annual report not	fir	
For further information	concerning this matter, please c		incation)	
Julio Gutierrez, Esq.		305 325-8600 at ()		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check 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)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations Callahassee ee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2315 21 717:29

ANSA FINANCIAL CONSULTI		
(Name of the Lim	ited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) my)
The Articles of Organization for this Limited I		1 3/12/2013 and assigned
Florida document number 1.13000037158		
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
Principal office <u>address MUST BE A STRE.</u>		
Frincipal office address MOST BLASTICE	<u> </u>	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
3. If amending the registered agent and/or	N	ur records, <u>enter the name of the new reg</u> i
gent and/or the new registered office addre	ess nere:	
Name of New Registered Agent:	Francisco J. Moreno	
Name Province Address	7360 NW 35 Avenue	
New Registered Office Address:	Enter	Florida street address
	Miami	Florida 33147
	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.

f Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u> </u>	<u>Name</u>	Address 18 21 11 7: 29	Type of Action
MGR	Mauricio Escobar	7360 NW 35 Avenue	[]Add
		Miami. FL 33147	■Remove
			□Change
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). If amending any other information, enter chan	18 21 7: 29
	<u> </u>
 Effective date, if other than the date of filing:	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) the applicable statutory filing requirements, this date will not be listed as the
The record specifies a delayed effective date, but not an ecord is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 20 20	020
Signature of a memi	per of authorized representative of a member
Francisco Javier Moreno	
Typ	ed or printed name of signee

).

Filing Fee: \$25.00