## 13000048359

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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

	CONSULTANT GROUP LLC		•			
SUBJECT:	Name of Lim	ited Liability Company	•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	KAREN M CRUZ					
		Name of Person				
	KARMEN CONSULTAN	T GROUP LLC				
	<del> </del>	Firm/Company	·			
	460 N RONALD REAGA	N BLVD SUITE 112-118				
	·	Address				
	LONGWOOD, FL 32750					
		City/State and Zip Code				
	KCG.AVILA@GMAIL.CC	)M				
	E-mail address: (	to be used for future annual report noti-	fication)			
For further information c	oncerning this matter, please ca	all:				
KAREN M CRUZ		407 260-6012				
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroc Tallahassee, FL	porations 'allahassee e Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

KARMEN CONSULTANT GROUP LLC

SULTANT GROUP LLC

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

(Standard Company as it now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on  L13000048359  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The 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 applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida  Zip Code	(A Florida Lim	nited Liability Company)_ [	in the second		
Florida document number L13000048359  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		7.1 07.0	TATE STATE		
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Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida			· · · · · · · · ·		
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	B. If amending the registered agent and/or registered off	fice address on our re	cords, <u>enter the name</u>	of the new register	
New Registered Office Address:  Enter Florida street address , Florida	agent and/or the new registered office address here:				
Enter Florida street address, Florida	Name of New Registered Agent:				
Enter Florida street address, Florida	Nam Pagietared Office Address:				
	New Registered Office Address.	Enter Florida street address			
City Zip Code			, Florida		
		City		Zip Code	

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
MGR	HERMEN CRUZ AVILA	460 N RONALD REAGAN BLVD	<b>≣</b> Add
		LONGWOOD, FL 32750	□Remove
			□Change
			🗀 Add
			□Remove
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Effective date, if o If an effective date is lis Note: If the date ins document's effective	ted, the date must be serted in this block	e of filing: specific and cant does not meet	the applicabl	date of filing or mo e statutory filing	ore than 90 days	<b>ptional)</b> after filing.) Pursua this date will no	int to 605.0207 It be listed as
e record specifies a d rd is filed.	elayed effective da	e, but not an e	effective time	, at 12:01 a.m. o	on the earlier of	: (b) The 90th (	day after the
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