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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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K.SALY EXAMINER JUN 17

COVER LETTER

Divi	sion of Corpo	orations		
SUBJECT:	AGGREGAI	CONSULTANTS LLC		
SUBJECT.		Name of Lim	ited Liability Company	
				•
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Vanessa Gonzalez		
		· ·	Name of Person	
			Pi (O	
			Firm/Company	
		10352 NW 31st Terrace		
			Address	
		Doral FL 33172		
			City/State and Zip Code	
		agg33178@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	formation cor	ncerning this matter, please ca	all:	
VANESSA (GONZALEZ	PENALOZA .	305 316-6649 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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)

TO:

Registration Section

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

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AGGREGAD CONSULTANTS LLC

D (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 7/23/2013 and assigned Florida document number _L13000104907 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AGGREGAD ACCOUNTING AND TAX SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 134 NW 48th AVENUE Enter new principal offices address, if applicable: MIAMI FL 33126 (Principal office address MUST BE A STREET ADDRESS) 134 NW 48th AVENUE Enter new mailing address, if applicable: MIAMI FL 33126 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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:

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MGR = Manager AMBR = Authorized Member			FILED		
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Typed or printed name of signee

Filing Fee: \$25.00