## L13000127497

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO:	Registration Sect Division of Corpo			4	
CUDIC		CONSULTING, LLC		·	
SUBJE	CI:	Name of Limit	ted Liability Company		_
		mendment and fee(s) are subr			
		REX M. BARKER, MGR			
			Name of Person		<del>-</del>
			Firm/Company	<del> </del>	
	3211 PONCE DE LEON BLVD., STE 301				
			Address		
		CORAL GABLE, FLORIL	DA 33134		
City/State and Zip Code					
	rexbarker@j-milton.com  E-mail address: (to be used for future annual report notification)				_
C 6	L ! C	e-man address. (e		port notification)	
		ecerning this matter, please ca			
REX M	I. BARKER, MGR		305 460-6 at ()		
	Name of I	Person	Area Code	Daytime Telephone Num	ber
Enclose	ed is a check for the	following amount:			
<b>■ \$2</b> 5	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif sed) Certif	Filing Fee, icate of Status & ied Copy anal copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L13000127497	y were filed on 09/09/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2021
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		· · · · · · · · · · · · · · · · · ·
		<u> </u>
B. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new registe
agent and/or the new registered office address here:		10
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Radiess.	Enter Florida street address	
	, Flori	da
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

F. MILTON CONSULTING, LLC

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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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>	Address	Type of Action
MGR	Gina E. Milton	3211 Ponce De Leon Blvd. Stc. 301	□Add
		Coral Gables, Florida 33134	■Remove
		<del></del>	Change
			□Add
		<del></del>	
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			Add  2021  Grame  Chamet
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Effective date, if other than the date of filing:	iot be prior to date of fili the applicable statuto	ng or more than 90 days aft	tional) er tiling.) Pursuant to 6 nis date will not be fi	05.0207 isted as
e record specifies a delayed effective date, but not an erd is filed.	effective time, at 12:0	l a.m. on the earlier of:	(b) The 90th day at	fier the
Dated January 12 20	)21			
·				

Filing Fee: \$25.00

Typed or printed name of signee