## L140000 497 39

	Requestor's Name)
`	
	Address)
	Address)
	City/State/Zip/Phone #)
	D MAIT D MAII
L PICK-UP	☐ WAIT ☐ MAIL
(1	Business Entity Name)
(1	Document Number)
Conditional Commission	Contillination of Chat
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
L	





300285107713

05/09/16--01048--010 \*\*25.00

FILED

16 HAY 23 AN IO: 42

SECRETARY OF STATE
FAIL AHASSYE, FLORID.

HARRIS

## **COVER LETTER**

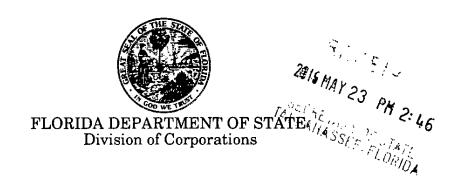
Division of Corporations						
SUBJEC	GE Business Consulting, LLC ECT:					
Name of Limited Liability Company						
The enclo	sed Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please reti	urn all correspond	dence concerning this matter to	the following:			
		Gadiel Espinoza				
			Name of Person			
GE Business Consulting, LLC						
Firm/Company						
3354 W 90 St						
			Address	· · · · · · · · · · · · · · · · · · ·		
Hialcah, FL 33018						
			City/State and Zip Code			
		gaelawfirm@gmail.com	16.6.	N-11-3		
			be used for future annual report noti	tication)		
For further	r information cor	ncerning this matter, please call	<b>!:</b>			
Gadiel A.	Espinoza		786 543-8152			
Name of Person at ()  Area Code Daytime Telephone Number			e Telephone Number			
Enclosed i	s 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)		

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



May 11, 2016

EADIEL ESPINOZA 3354 W 90 ST HIALEAH, FL 33018

SUBJECT: GE BUSINESS CONSULTING, LLC

Ref. Number: L14000049739

We have received your document for GE BUSINESS CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00009963

16 MAY 23 AH 10: 42
SECRETARY OF STATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GE Business Consulting, LLC					
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)		<u> </u>	
The Articles of Organization for this Limited Liability C	Company were filed on 03/26/2014		a	nd ass	igned
Florida document number L14000049739	<u>_</u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability company here:				
Law Office of Gadiel A. Espinoza, PLLC					
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or th	e abbreviat	ion "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)		As:		
			<u> </u>		64Ayney
		•		72	* &
Enter new mailing address, if applicable:			12 14 13 20	డు	رود برد مشرو ال
•			- <del></del>		1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		NO N	<del></del>	- James
	<u></u> -		<u> </u>	2	
		,	].»		. 6. 41
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecoras, <u>en</u> i	er the n	iame	or the n
registered agent and/or the new registered office add	ress nere.				
Name of New Registered Agent:					
Nov. Bosistanad Office Adduses					
New Registered Office Address:	Enter Florida street	address			
		Florida			
	City	, Florida		Code	
Naw Dogictored Agent's Signature if changing Registers	d Agents		·		

## 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del> </del>	Add
			□ Remove
		<del></del>	Change
			□ Add
			☐ Remove
			☐ Change
	<del></del>		Add
			Remove
			□ Change
			Add
			Remove
			Chánge  SSE 23  SSE 23  SSE 23  Add 11  CORNEL  Remove
			□ Change
<del></del>			Add
			□ Remove
			<b>D</b> Character

D. If amending any other i		- ·			ABIUT	F
Compan	E: FOR TH	IDE LEGAL	SERVICES	AND ALL	OTHER	2
	BUSINESS					
WITED S	TATES AND	THE STATE	e of Flor	IDA.		
				<del></del>		
	<del></del> .			<del></del>		
		<del>_</del>	· · · · · · · · · · · · · · · · · · ·			
		·	<del></del> .			
					<del></del>	
E. Effective date, if other t	han the date of filin	σ:		(optional)		
(If an effective date is listed, the Note: If the date inserted document's effective date	e date must be specific and in this block does not r	d cannot be prior to date oneet the applicable sta	tutory filing requiren	days after filing.) Pur nents, this date will	suant to 605.	0207 (3)(b) d as the
If the record specifies a (b) The 90th day after			ffective time, at	12:01 a.m. on	the earlie	r of:
Dated May 3		, 2016				
Spelel	a Ega	member or authorized ro		5	· <u>(c</u>	
	<i>V</i> /-	member or authorized re	epresentative of a memo	)= 	6 HA	~ <del>``</del>
Gadiel A. Espir	noza	Typed or printed name	of signee		723 723	
				(L)		
		Page 3 of .	3	(ORI	171. 10: 4	O

Filing Fee: \$25.00