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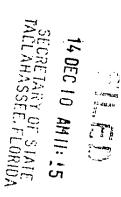
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COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	DNSULTING LLC	
SOBJECT.	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	MIRCO TIBALDO	
	Name of Person	
	JULY CONSULTING LLC	
	Firm/Company	
	111 2ND AVE NE STE 346	
	Address	
	ST PETERSBURG FL 33701	
	City/State and Zip Code	
	INFO@TIBALDO.IT E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
MIKE TAYLOR	Person Area Code Daytime Telephone Number	
Name of	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is continual copy is conti	atus &

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

JULY CONSULTING LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000114463	y were filed on 07/21/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	111 2ND AVE NE STE 346	
(Principal office address MUST BE A STREET ADDRESS)	ST PETERSBURG FL 33701	
	111 2ND AVE NE STE 346	and the control of th
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ST PETERSBURG FL 33701	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		T4 DEC 1
	111 (11) 1 (1	~< } □ 3> 2=

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.

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

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action MGRM **BRANDI FRANCESCO** VIA CANTON 71 □ Add **ROMA, RM 00144 IT** Remove ____ □ Add _□ Remove _□ Add ☐ Remove Remove □ Add ____

Remove

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA