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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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K. SALY NOV 3 0 2016

COVER LETTER

TO:		stration Se sion of Cor			
CHD	JECT:	ALA MAN	AGEMENT CONSULTING	GROUP, LLC	
300	JECI.		Name of Lin	nited Liability Company	
The	enclosed .	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return a	ill correspo	ndence concerning this matter	to the following:	
			Actual	L Augala	
			ALA	Hangenest Co	new Hing Coresp LLC
			<u> </u>	Kers MILL Road	1 # ROY
			_	Address	
			Atlan	Ta A 3033 City State and Zip Code 05 @ 900011. Com to be used for future annual report notifi	9
				City/Scale and Zip Code	<u> </u>
			AAyaca	05 @ gmail. com	<i>p</i>
				•	ication)
For fi	rther info	rmation co	ncerning this matter, please c	all:	
	ARTO	VRO L	Dejala.	nt (786) 624-	9627 OR (305) 351-6177
		Name of	r cison y	Area Code Daynna	: i eleptione rumbet
Enclo	sed is a c	heck for the	following amount:		
□ \$2	!5.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	C \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



ALA MANAGEMENT CONSULTING GROUP, LLC

(Name of the Limited Lightlity Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited 1 Florida document number L15000011707	Liability Company v	were filed on 01-20-	2015	and assigned
This amendment is submitted to amend the fol	laurian			
This affertunent is submitted to afferte the for	towing:			
A. If amending name, enter the new name of	of the limited liabil	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the design	nation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	•		
(Principal office address MUST BE A STREI	ET ADDRESS)			
				·
_				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>	
			W	
B. If amending the registered agent and registered agent and/or the new registered or	/or registered offi Mce address here:	ice address on our	r records, <u>enter</u>	the name of the nev
		'		
Name of New Registered Agent:	Yvonne McClella	an		
New Registered Office Address:	4230 /	Tobawk 7	Lace	
	/	Vapks	, Florida	34112
		Luv		Zip Code

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 = Manager

AMBR = .	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMGR	Arturo Ayala	2383 Akees Hi # Rod Atlanta Georgi	CL Rd Add
		HTlanta Georgi	② 3(337 □ Remove □ □ Change
VP	Yvonne McClellan	2383 Akers Mill Road	□ Add
		R04	■ Remove
		Atlanta, GA 30339	Change
			Add
			☐ Remove
			☐ Change
			Add 28
		<u> </u>	AR. AR. T.
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			D Add
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			☐ Change

Effective date, if other than the date of filling: If an effective date, if other than the date of filling: If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after tiling.) Pursuant to 605,0207 (3)(b) Nage; If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. The 90th day after the record is filled. Dated November 21 2016 Actual Signature of a member or authorized representative of a member Arturo Ayala		on, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, If other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated November 21 2016 Signature of a member or authorized representative of a member			
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Filing Fee: \$25.00