L150000 86127

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COVER LETTER

то:	Registration Sec Division of Corp			
or in		CONSULTOING, LLC		
SUB	JECT:	Name of Limi	ted Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Pleas	e return all correspo	ndence concerning this matter t	o the following:	
		JORGE PAREDES		
			Name of Person	
		JP ARCH, CONSULTING	, LLC	
			Firm/Company	
		365 CARIBBEAN ROAD		
			Address	· •
		KEY BISCAYNE, FL 3314	49	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For f	urther information c	oncerning this matter, please ca	ill:	
JOR	GE PAREDES		786 606-9731 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Encl	osed is a check for th	ne 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)

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

FILED

JP ARCH. CONSULTING, LLC

(Name of the Limited Liability Company as it now appears on our records) JUL 15 A 12 34 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on 05/1	14/2015 TALLAHAUSEE and a	ssigned
Florida document number L15000086127	<u>_</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the de	signation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		.
	 	. <u>.</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		 	
	 · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the nam	e of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
		Florida Zip Coo	
	City	Zip Coa	le le
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent	and agree to act in this c	capacity. I further agree to cor	nply with the

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	PIERINA URIBE		
		365 CARIBBEAN ROAD, KEY	
		BISCAYNE, FL 33149	■ Remove
			Change
AMBR	MICHEL AVILA	15535 MIAMI LAKEWAY N APT 302, HIALEAH, FL 33014	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			LI Kelilove
			Change
			□ Remove
			□ Add
			□ Remove
			Change
			Add
			Change

(If an e Note:	tive date, if other than the date of filing:
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
יענו	
) The Dated	1 July 5, 2019
	·

Page 3 of 3

Filing Fee: \$25.00