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LLCNC 02/4/19

COVER LETTER

TO: Registrat Division	tion Sect of Corpo	ion orations		
SUBJECT:	М	CONSULTING GROUNAME OF LIM	e uc	
		Name of Limi	ited Liability Company	
The enclosed Artic	cles of Ar	nendment and feets) are sub	muted for filing.	
Please return all co	orrespond	lence concerning this matter	to the following:	
		MARIA J	Martinet	
			Name of Person	
		M CONSU	uting broup UC	
			Firm/Company	
		2652 WM 11	12 PATH	
			Address	
		DORAL, FL 3	33178	
		Martinez Mario	City/State and Zip Code	
		E-mail address: ()	imena@ hormail . com to be used for future annual report note	fication)
For further inform	ation con	cerning this matter, please ca	all:	
MARIA :	J MAI	₹÷₩₽	11 (305) 794-	2130
	Name of P	erson	at (<u>305</u>) <u>794 -</u> Area Code Daytim	e Telephone Number
Enclosed is a chec	k 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)

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

SECRETARY CASSEE. FL

M CONSULTING GEOUP LLC

Name of the Limited Liability Company as it now appears on our records.

The Articles of Organization for this Limited Liability Compar	ny were filed on	<u>05/15/2015</u>	and assigned	
Florida document number <u>L 15000086957</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company her	<u>·e</u> :		
M CONTURNO SERVICES LLC				
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the de	signation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	·			
B. If amending the registered agent and/or registered		our records, enter	the name of the new	
registered agent and/or the new registered office address he	<u>ere</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered office Fiducial.	Enter Flori	da street address		
		, Florida		
	City	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	ıt:			

If Changing Registered Agent, Signature of New 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 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 <u>Address</u> Type of Action _□ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _ 🗆 Add □ Remove __ 🗆 Change □ Add ☐ Remove ____ Change 🗖 Add ☐ Remove

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 (If an effective 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 record 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 January 14 Signature of a member or authorized hyposemblive of a member). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(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 (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 record 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 January 14 Signature of a member or authorized representative of a member		
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MALIA J MARTINIZ.		MACIA J MARTINIZ.

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Filing Fee: \$25.00