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CRETARY OF STATE

JUN 0 2 2016 S WARREN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARUSO Management of Consulting LL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Radinguez
Name of Person
15800 Pines Blud #3057
Penbroke Pines, FL, 33027
City/State and Zip Code Nevcules Poivot 33 & Jahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daviel Rodryez at (94) 3480917 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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**

CARUSO MANAGEME (Name of the Limited Dability Con	at & Consulting, LLC
(<u>Name of the Limited Llability Corr</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/S000/5/989</u> .	ny were filed on $09/04/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	Wind Co.
	OF STATE
Enter new mailing address, if applicable:	<u></u> 5
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	office address on our records, enter the name of the new
registered agent and/or the new registered office address h	<u>ere</u> :
Name of Name Production of Assess	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Piorida Street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Age	,

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 **Title Address Type of Action** Name Axell Corvaia Arrage 15800 Pines Blud Add Swite # 3057 Rembroke Pines, Florida, 33027 Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change Change

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<u>te:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ed _	May 25th, 2016.
	The state of the s
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00