Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Co	orporations			
	Pax Number				
From:		: CORPORATE CREATIO	NG YAMPPAIATION	AT THE	
	Account Name	r : 110432003053	NO INTERNATION	AL ING.	
	Phone	: (561)694-8107			
	Fax Number	1 (561)694-1639			
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVEL 4 CONSULTING LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Compan		and assigned
Florida document number L15000197113		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Level 4 Consultoria LLC		
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7.05
		DEC II
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		_ =================================
		٠
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	<i>65</i> 5
		lorida
-	City	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

AMRK = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			☐ Change
			⊡Add
			□Remove
			Change
			□Add
			□Remove
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			Change

amending any other miormatic	on, enter change(s) here: (Attach	
		
		
		
<u></u>		
Note: If the date inserted in this blo	date of filing: be specific and cannot be prior to date of fi ck does not meet the applicable statut partment of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after th
December 30	2019	
Dated	·	
	Signature of a member or authorized repre	sentative of a member
	•	
Saray Djidji, Attorney-ir	-Fact	_