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## **COVER LETTER**

TO: Registration S Division of Co			
finance co SUBJECT:	nsultant IIc		
	Name of Lin	nited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing.	
	ondence concerning this matter	_	
	rafael r borroto		
		Name of Person	
		Firm/Company	
	3795 sw 88 ct		
		Address	
	miamifl 33165		
	rickyb1016@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report n	otification)
For further information c	concerning this matter, please c	all:	
rafael r borroto		305 798-1313 at ()	
Name o	f Person	at () Area Code Dayı	ime Telephone Number
Enclosed is a check for the	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

finance consultant llc			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company were filed on 01/06/2016  Florida document number L16000004884			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	"LLC" or the abbrev	iktion "L.L.C."
Enter new principal offices address, if applicable:	3795 sw 88 ct		
(Principal office address MUST BE A STREET ADDRESS)	miami fl 33165	1	N Per Per P
			<del></del>
Enter new mailing address, if applicable:	3795 sw 88 ct	・ す : iむ	ව පි පැ ( )
(Mailing address MAY BE A POST OFFICE BOX)	miami fl 33165	'h	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our reco e:	ords, enter the	name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ad	dress	
	City.	Florida	
	City	Zi	p 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>	<u>Name</u>	Address	Type of Action
mgr	beatriz a borroto	7710 sw 16 st	□ Add
			D Add
		miami fl 33155	■ Remove
			Change
			□ Remove
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			□ Change

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Filing Fee: \$25.00