116000 17063

| (Requ | uestor's Name) |
|----------------------------|------------------------|
| | |
| (Addr | ess) |
| | |
| (Addr | ess) |
| (City/ | State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Busi | ness Entity Name) |
| | |
| (Doci | ument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Fi | i ling Officer: |
| | 1 |
| | |
| | |
| | |
| | |
| | |
| | Office Use Only |

Lele 3-524-2980



000326380660

ZOLD APK I I

Commence of the second second

2019 APR 11 AM 10:

C. GOLDEN APR 1 3 2019

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|---|--|------------------|---|
| invision of corp | or actions | | | |
| aummer AF | ONGULTING DE | SAINTH ELDO | DA L | 4 |
| SUBJECT: /// 64 | Name of Lim | ited Liability Company | <i>'''</i> | |
| Ì | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | |
| The enclosed Articles of A | amendment and fee(s) are sub | mitted for filing. | | |
| | | - | | |
| Please return all correspon | dence concerning this matter | to the following: | | |
| | | | | |
| | Deru. | | | |
| | MMHONY | FIRTH | | |
| | | Name of Person | | |
| | 0+ | Firm/Company PUMA BLANCH COMPANY Address City/State and Zip Code PERTINO CONTRUCTION. COMP ess: (to be used for future annual report notification) | | |
| ! | MY CONSUL | TING OF TON | 711 FA | 141111111111111111111111111111111111111 |
| | | Name of Person Company Firm Company Company Firm Company Company Firm Company Company Firm Company City/State and Zip Code City/State and Z | | |
| | 14110 1 | Driver alace | 4 | |
| · | <u> </u> | WING DINKER | COUR | |
| | | Address | | |
| | | -1 2411 | <i></i> | |
| | NATTES, | FF. 2711 | 9 | |
| | | City/State and Zip Code | | |
| | A FURTINOO! | FORTTHO LONSTK | UCTION | 1. 60m |
| | E-mail address: (| to be used for future annual rep | ort notification |) |
| For further information co | herning this matter, please ca | all: | | |
| | | | | |
| ANTHONY | FORTINO | 239 | 272- | -2144 |
| Name of | Rerson | Area Code | Daytime Telep | hone Number |
| ******* | | | , | |
| | | | | |
| Enclosed is a check for the | | | | |
| . 1 | _ | E 655 ON PULL FOR B | , | 7 240 00 535 5 |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | | 1 | |
| | Certificate of Status | | rd) | |
| | | •• | | (additional copy is enclosed) |
| | ļi. | | | |
| | | | | |
| | NO ADDRESS | omb e time | ZAUDIED A | andree. |
| | NG ADDRESS: tion Section | | | ANDESS: |
| | of Corporations | Division of | Corporations | |
| P.O. Bo | x 6327 | Clifton Buil | | |
| Tallahas | ssee, FL 32314 | 2661 Execu | tive Center C | ircle |

Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2019

ANTHONY FORTINO 1447 PALMA BLANCA COURT NAPLES, FL 34119

SUBJECT: AF CONSULTING OF SOUTH FLORIDA LLC Ref. Number: L16000017063

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

You may file with only one (1) registered agent.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 119A00006370

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 APR 11 AM 10: 57

| İ | | 41110.0 |
|---|---|----------------------------------|
| AF CONSULTING OF | SONTH FARINA. | rds.) 1 1 585 7. FL |
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our reco Limited Liability Company) | rds.) |
| | ompany were filed on | = /14 |
| The Articles of Organization for this Limited Liability Co | | and assigned |
| Florida document number <u> </u> | <u>_</u> · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| and I amending harrest energy harrest energy harrest energy | SAME | |
| The new name must be distinguishable and contain the words "Limi | | LC" or the abbreviation "L.L.C." |
| | _ | - SAME |
| Enter new principal offices address, if applicable: | | <u> </u> |
| <u>Principal office addres's MUST BE A STREET ADDR</u> | <u></u> | |
| | | |
| | | LA A α I III |
| Enter new mailing address, if applicable: | | - SAME |
| (Mailing address MAY BE A POST OFFICE BOX) | | . |
| | | |
| B. If amending the registered agent and/or regist | tarad office addrace an our recor | eds anter the name of the new |
| registered agent and/or the new registered office addi | | us, enter the name of the new |
| | | |
| Name of New Registered Agent: | SAME | |
| N D : 105 A11 | GAME | |
| New Registered Office Address: | Enter Florida street addi | ress |
| | 1 | Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered | d Agent: | |
| t 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 co | | |
| accept the obligations of my position as registered as being filed to merely reflect a change in the registere | | |
| company has been notified in writing of this change. | a oggree address, i nereby confirm (| mat me miniet month |
| | | |

If Changing Registered Agent, Signature of New Registered Agent

| or removed | from our re | ecords: | anage, enter the title, name, and address of eac | n person being a |
|---------------------|-------------|---------------|--|------------------|
| MGR = N AMBR = A | | dember | | |
| <u>Title</u> | <u>Name</u> | | Address | Type of Actio |
| MBR | Ton | LIANN FORTING | NAPLES, FL. 34119 | MAdd |
| | | | | 🗆 Remove |
| | i | | | ☐ Change |
| | | | | |
| | | | | □ Remove |
| | | | | Change |
| | | | | 🗆 Add |
| | | | | Remove |
| | | | | Change |
| | | | | |
| | | | | □ Remove |
| | | | | Change |
| | | | | |
| | | | <u> </u> | □ Remove |
| | | | | Change |
| | | | | |
| | | | | Remove |
| | | | | ☐ Change |

| | N/A |
|------|---|
| | |
| • | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| fect | ive date, if other than the date of filing: SAME (optional) |
| n et | ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| cun | ent's effective date on the Department of State's records. |
| | |
| re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier |
| | 90th day after the record is filed. |
| | |
| | 4/9/19 |
| | |
| ted | William Children |
| ited | four of 7 concerns |
| ited | Signature of a member or authorized representative of a member |
| ited | Signature of a member or authorized representative of a member |
| ited | Typed or printed name of signee |

Filing Fee: \$25.00