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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone #	<u>, </u>
(,,	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
		5/20/21

Office Use Only



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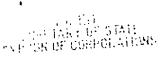
COVER LETTER

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SUBJECT	CINTRON	CONSULTANT SERVICES.	LLC				
SUBJECT		Name of Lin	nited Liability Con	npany			
The enclose	Registration Section Division of Corporations CINTRON CONSULTANT SERVICES, LLC ECT: Name of Limited Liability Company selosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person						
Please retur	m all correspo	ndence concerning this matter	to the following	ţ:			
		LOVETTE DOBSON					
			Name of P	erson			
		INCFILE.COM LLC					
		· · · · · · · · · · · · · · · · · · ·	Firm/Com	ipany		.	
		17350 STATE HWY 249;	STE 220				
			Addres	SS			
		HOUSTON, TX 77064					
			City/State and	Zip Cod	e	-	
		E-mail address: ((to be used for futi	ire annua	al report notif	ication)	 ·
For further	information c	oncerning this matter, please c	all:				
LOVETTE	DOBSON						
	Name of	f Person	Area (Code	Daytime	Telepho	one Number
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified	Copy			Certificate of Status & Certified Copy
Re	egistration S	Section		Regist	ration Sec		
	ovision of C O. Box 632						
	illahassee, F			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



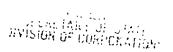
CINTRON	CONSULTANT SERVICES, LLC	21 MAR 31	PM 3: 42
	ability Company as it now appears on or	ir records.)	
The Articles of Organization for this Limited Liability Florida document number L16000032203	y Company were filed on 02/16/20	6	and assigned
This amendment is submitted to amend the following	j '		
A. If amending name, enter the new name of the l	limited liability company here:		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designat	ion "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		<u>,</u>	
Principal office address MUST BE A STREET AD	ODRESS)		
Caton non molling address if a limble.			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Muning address MAT BE A FUST UPFICE BUX)			
3. If amending the registered agent and/or registe	ered office address on our record	s, enter the name	of the new regist
3. If amending the registered agent and/or registe sgent and/or the new registered office address her	ered office address on our record ee:	s, enter the name	of the new regist
B. If amending the registered agent and/or registengent and/or the new registered office address herometer the Name of New Registered Agent:	ered office address on our record	s, enter the name	of the new regist
agent and/or the new registered office address her	<u>e</u> :		of the new regist
agent and/or the new registered office address her Name of New Registered Agent:	ered office address on our record		of the new regist
	<u>e</u> :		e of the new regist

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>	<u>Address</u>	21 MAR 31	PM 3: Type of Action
AMBR	Sally Velez	563 Fieldstream Blvd		
		Orlando, FL 32825		□ Remove
				□Change
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rective date, if other than the date of filing: (optional) n 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 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be rument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is filed.		 <u> </u>		dditional sheets if	R 31 PM	3: 42
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	_ Jorge	[Cintra				
Signature of a member or authorized representative of a member						

Filing Fee: \$25.00