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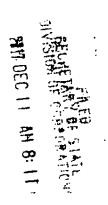
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N. CAUSSEAUX DEC 1 3 2017

## **COVER LETTER**

TO: Registration Section Division of Corporation	is		
	   AND CONSULTING	G GROUP LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of Amendm	nent and fee(s) are sub	mitted for filing.	
Please return all correspondence c	li	<u>-</u>	
, tour of the fact	j		
DIV	Y <b>A</b> ANNASINGH W	INDROSS	
		Name of Person	
E-M.	: ANAGEMENT AND	CONSULTING GROUP LLC	
		Firm/Company	
<b>7</b> 55 1	 RIVERSIDE DRIVE,	1312	
		Address	
COR	  AL SPRINGS , FL , 3	33071	
		City/State and Zip Code	
DĮVY	AWINDROSS@YAI		
	E-mail address: (	to be used for future annual report noti	fication)
For further information concerning	g this matter, please c	all:	
DIVYA ANNASINGH WINDRO	oss  -	305 9035156	
Name of Person			e Telephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 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 AD		STREET/COURI	
Registration Sec Division of Cor		Registration Section Division of Corpor	
P.O. Box 6327		Clifton Building 2661 Executive Co	
Tallahassee, FL	34314	Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	AND CONSULTING GROUP I		
( <u>Na</u>	me of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for t	,   	y were filed on <u>03/09/2016</u>	_ and assigned
Florida document number L16000	048836		
   This amendment is submitted to a 	mend the following:		
A. If amending name, <u>enter th<b>e</b></u>	new name of the limited lial	bility company here:	
ا MANHATTAN BUSINESS SOLU	TIONS LLC		Ze.
The new name must be distinguishable a	ind contain the words "Limited Liab	ility Company," the designation "LLC" or the abbre	vianta "LiLica"
 Enter new principal offices addi	ress, if applicable:	N/A	9 3
(Principal office address MUST)	BE A STREET ADDRESS)		71 - 72 - 73 - 74 - 74 - 74 - 74 - 74 - 74 - 74
			8: 10
			9
Enter new mailing address, if a	pplicable:	N/A	7 %
(Mailing address MAY BE A PO	ST OFFICE BOX)		
B. If amending the registered registered agent and/or the new		office address on our records, <u>enter th</u> <u>re</u> :	e name of the ne
	ì		
Name of New Registere	d Agent: N/A		
New Registered Office	Address: N/A		
		Enter Florida street address	
		, Florida	
		City	Zip Code
New Registered Agent's Signature	if changing Registered Agent:	<u>:</u>	

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 amendin	g Authorized Perso 1 from our records:	n(s) authorized to manage, enter the title, name,	and address of each person being added
MGR = A	Manager Authorized Membe		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			C Remove
	/		Change
		11	
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n effe e <u>te:</u>	ective date is listed, the da If the date inserted in t	the date of filing:
	ord specifies a de 90th day after the	layed effective date, but not an effective time, at 12:01 a.m. on the earlie e record is filed.
ted	DECEMBER 06	2017
-		We also
		Signature of a member or authorized representative of a member
		 NGU WIND DOGG
	DIVYA ANNASI	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00