## LICOULTY33

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Dx	ocument Number)			
Certified Copies	Certificates	s of Status		
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DIVISION OF CONFORMIONS

17 JUL 31 AH11: 42

## COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Carmona Consulti, Name of Florida Limited Partnership o	
The enclosed Certificate of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this m	atter to:
Chris Callmorg	
Carmona Consulting 110	
2134 2032 Countryed Long	0. Apt 102.
Scenford, F.L. 327)/ City, State and Zip Code	<del></del>
E-mail address: (to be used for future amural report not	fication)
For further information concerning this matter, ple	ase call:
Chris Carmonu at (Ar	ea Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	5.00 Filing Fee  Trified Copy  Certified Copy, and  Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carmong Consul	ting LLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it filly appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>416060067433</u> .	vere filed on April 5, 20/6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Conipany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	SION OF CONT. G. A. 11043
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zıp Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change	performance of my duties, and I am familiar with and royided for in Chapter 605, F.S. Or, if this document is
Page 1	of 3

MGR = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address Date (c)	Type of Action
manager	Uptena Carmona	2032 Countyard Loop. Apt 102 Burtond, FL 32771	dud
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famending any other information, enter change(s) here: (A	tuach additional sheets, if necessary.)
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CC at the Law Constitution of	(main and)
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date	(optional) te of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)
ote: If the date inserted in this block does not meet the applicable secument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
•	
e record specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	
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ated 101/391	
/Walk	
Signature of a member or authorized	representative of a member
(i)nc·sto	$\frac{1}{2}$
Typed or printed nar	ne of signee
Page 3 o	 

Filing Fee: \$25.00