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(Re	questor's Name)	
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COVER LETTER

TO: *Registration \$6 Division of Co		· •	
	CONSULTING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VANESSA GOMEZ		
	***	Name of Person	
	AFG & VS CONSULTING	GLLC	
		Firm/Company	
	4267 SW 165 CT		
		Address	
	MIAMI, FLORIDA 33185		
		City/State and Zip Code	
	Vanessa.gomez@sabadellba		
	E-mail address; (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Vanessa Gomez		305 7738739 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

AFG & VS CONSULTING LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on MAY 12, 2016	and assigned
lorida document number L16000093750		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		102 S
		A m
		F STATE
nter new mailing address, if applicable:		ORIO,
Mailing address MAY BE A POST OFFICE BOX)		٥
	*	
. If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flori	ida
	City	Zip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRES FRANCISCO GOMEZ	4267 SW 165 CT MIAMI FL 3318 5	□ Add
			■ Remove
			Change
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		<u></u>	☐ Remove
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n eniec	e date, if other than the date of filing: 05/19/16 (optional) tive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
<u>te:</u> If cumer	nt's effective date on the Department of State's records.
te: If cumer reco he 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 00th day after the record is filed.
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reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 00th day after the record is filed.

Filing Fee: \$25.00