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## **COVER LETTER**

T	O: Registration Section Division of Corporations	
s	UBJECT: ABH Consulting UC Name of Limited Liability Company	
7		
Ţ	he enclosed Articles of Amendment and fee(s) are submitted for filing.	
Р	lease return all correspondence concerning this matter to the following:	
	Alessandra Brano	
	Name of Person	
The second second	Firm/Company	
•	60 SW 13th St Apartment 2824	
	Miami fl. 33130	
	City/State and Zip Code	-
	Cor further information concerning this matter, please call:	granter
i (F	or further information concerning this matter, please call:	
	Alessandra Bruno at (954) 513 5550	् इ ज
T. C.	Inclosed is a check for the following amount:	<b>د</b> ب
	Certificate of Status Certified Copy Certificate of Status	
,		

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
lorida document number		
This amendment is submitted to amend the following  A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		The second comments of
Principal office address MUST BEA STREET ADDRESS)		题 表 三
		- K 2 M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		₹100 <b>()</b> 27
B. If amending the registered agent and/or registered		ds, enter the name of th
registered agent and/or the new registered office address he	re:	
Name of New Registered Agent:		
New Registered Office Address:	Const. Florida at - 1 Ju	
15 j	Enter Florida stræt addr	ess
L   ·		Florida
	City	Zin 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

MGR = Manager

Address Type of Action

MGR = Manager

Address Type of Action

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). If an	nending any other information, enter change(s) here: (Attach additional sheets, if recessary.)	
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(If an one of the original of	ctive date, if other than the date of filing:	
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	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied are 90th day after the record is filed.	er or:
Date	$\frac{\mathcal{O}(17)}{\mathcal{O}(17)}$ , $\frac{2016}{\mathcal{O}(17)}$ .	
1 . 11 .		
]- 1	Signature of a mimber or authorized representative of a member	
:	Hessandra Bruco Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00