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## **COVER LETTER**

Divisio	on of Cor	rporations		
SUBJECT:		O CONSULTING, LLC		
Sobolett		Name of Lin	nited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspo	ondence concerning this matter	to the following:	
		JOAO H. GOMES, CPA		
			Name of Person	
		J.H. GOMES COMPANY		16 JUH 13
			Firm/Company	دی
		5521 N. UNIVERSITY D	RIVE SUITE 104	
			Address	
		CORAL SPRINGS, FL 33	067	
		JGOMES@JHGCOMPAN	City/State and Zip Code	
		_	to be used for future annual report no	otification)
For further info	mation c	oncerning this matter, please c	all:	
JOAO H. GOM	ES, CPA		954 510-1898 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a ch	eck for th	ne following amount:		
■ \$25.00 Filin	g 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTINHO CONSULTING, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records, imited Liability Company)	)
The Articles of Organization for this Limited Liability Co Florida document number L16000103756	mpany were filed on <u>5/27/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		5. 集體
		7.2 3.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7
Enter new mailing address, if applicable:		ري المراجعة
(Mailing address MAY BE A POST OFFICE BOX)		
		- North
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:	- 14-U	·····
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	Ciţy	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, 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>	Address	Type of Action
MGR	BRUNO F. GUIMARAES	8224 LAWSON BRIDGE LN	□ Add
		DELRAY BEACH, FL 33446	□ Remove
			□ Add
			□ Remove
			☐ Gliange
			□ Add
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ar announcing any equal announce	tion, enter change(s) here: (Attach additiona	· · · · · · · · · · · · · · · · · · ·
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		26
Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	date of filing:  st be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing repartment of State's records.	(optional) than 90 days after filing.) Pursuant to 605,0207 equirements, this date will not be listed as
ne record specifies a delaye The 90th day after the rec	d effective date, but not an effective tim ord is filed.	e, at 12:01 a.m. on the earlier of
Dated	2016	agn HEN
	Signature of Junchiber or authorized representative of	a membur
	Signature of a distribution of attendance representative of	w
	BRUNO F. GUIMARAES	

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Filing Fee: \$25.00