

L16000140013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

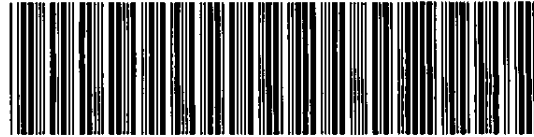
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 28 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HRTT CONSULTING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALVARO DEL OLMO

Name of Person

Firm/Company

290 SUNRISE DRIVE UNIT 307

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

victor@badellpc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Badell

305 4987788
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HRTT CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/27/2016 and assigned
Florida document number L16000140013.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

250 NW 24th St, UNIT 3C

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL, 33135

Enter new mailing address, if applicable:

250 NW 24th St, UNIT 3C

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL, 33135

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BADELL OFFICES LLC

New Registered Office Address:

350 S MIAMI AVE, STE A

Enter Florida street address

MIAMI

City

, Florida 33130

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DEL OLMO, ALVARO	290 SUNRISE DRIVE UNIT 307	<input type="checkbox"/> Add
		KEY BISCAVNE, FL 33149 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATEU, RAUL	5230 ALTON RD	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

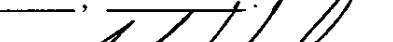
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

ember 15 _____, 2016



Signature of a member or authorized representative of a member

DEL OLMO, ALVARO

Typed or printed name of signee

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