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COVER LETTER

TO: Registration S Division of Co					
Ronca Cor	nsulting, LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jason Ronca				
		Name of Person			
	Ronea Consulting, LLC				
	.	Firm/Company			
	63 E Bayshore Dr				
		Address			
	Port Orange, FL 32127				
		City/State and Zip Code	<u>. </u>		
	jay.ronca@gmx.com	o be used for future annual report is	antiff and any		
For further information of	concerning this matter, please ca		ouncation)		
Jason Ronca		813 245-2675			
Name (of Person	at () Area Code Dayı	ime 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 tadditional copy is enclose		

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

Ronca Consulting, LLC				
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	<u> </u>	
The Articles of Organization for this Limited I	Liability Company were file	J on 8/24/2016	and assigne	d
lorida document number L16000158639	·			
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name,	of the limited liability com	pany here:		
ne new name must be distinguishable and contain the	words "Limited Liability Compar	y," the designation "LLC" or the abl		
nter new principal offices address, if appli	icable:		01Vis 18	S
Principal office address MUST BE A STRE			33S	<u> </u>
			20	57 m
			<u>→</u> 0.79	
nter new mailing address, if applicable:			AM IO	
Mailing address MAY BE A POST OFFICE	E BOX)	-	[-] [0]	_
. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:		ress on our records, <u>enter (</u>	the name of t	<u>he</u>
	62 C Daughara De		· · · · · ·	
New Registered Office Address:	63 E Bayshore Dr	Inter Florida street address		
	Port Orange	, Florida ³²¹	27	
	City	, riorida	Zıp 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

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			
			□ Remove
			☐ Change
			
			☐ Remove
			□ Change
			□ Add
			□ Remove
			Change
		.	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

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Effective date, if other than the date of filing:	(ontional)
If an effective date is listed, the date must be specific and cannot be pr	rior to date of filing or more than 90 days after filing.) Pursuant to 605.020' dicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier o
Dated September 6 2018	·
Signature of a member or au	uthorized representative of a member

Page 3 of 3

Filing Fee: \$25.00