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SECRETARY OF STATE

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## **COVER LETTER**

| TO: Registration Section<br>Division of Corporation | s  |   |  |                |
|---|--|---|--|----------------|
| SUBJECT: Colo                                       | Name of Limited                            | DNSUH'NG Liability Company  | LLC  |                |
| The enclosed Articles of Amendm                     | ent and fee(s) are submitt                 | ed for filing.  |  |                |
| Please return all correspondence co                 | oncerning this matter to the               | he following:   | •  |                |
|   | Jose Leon                                  | Name of Person  | poz  |                |
| <del></del>   | columba                                    | 25 consul? Firm/Company   | <b>-</b> J   |                |
|   | 175 FON                                    | HAPNDLERW<br>Address  | BLU Surte :  | 28             |
| 1   | 1PAM? F                                    | Elty/State and Zip Code   |  |                |
|   | E-mail address: (to be                     | e used for future annual report not                                 | ification) $\sum_{i \in \mathcal{S}_i} \mathcal{S}_i \approx$                              |                |
| For further information concerning                  | g this matter, please call:                |   | SECRETION SECRETION  | η              |
| José Jeon Aelo Co<br>Name of Person                 | slombus                                    | at ( <u>554</u> ) <u>577</u><br>Area Code Daytin                    | 2693 SXX 1 1   | =<br>П<br>Э    |
| Enclosed is a check for the following               | ing amount:                                |   | ATE<br>RIDA  |                |
| , ,   | 0.00 Filing Fee &<br>Pertificate 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) | · <del>·</del> |

### 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

| COLUMBUS CONSULTI  | My LLC.  |   |
|--|--|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited L   | ny a <b>s it now appears on our records.</b> )<br>Liability Company) | <del> </del>  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000181184</u> .  | were filed on 9/28/2016  | and assigned  |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limited liabi   | ility company here:  |   |
| The new name must be distinguishable and contain the words "Limited Liabile  | · · · · · ·  | . / / / /   |
| Enter new principal offices address, if applicable:  | 175 FONTAINE   | ebleau BIV  |
| (Principal office address MUST BE A STREET ADDRESS)  | supto 2E<br>MRAMIFL &  | 3172  |
| Enter new mailing address, if applicable:  |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address: |  | She name of the new  NOY - 1 P STATE  AHASSEE, FLORID |
|  | , Florida  | 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

| <u>Title</u>                          | <u>Name</u>       | <u>Address</u>                         | Type of Action |
|---------------------------------------|-------------------|--|----------------|
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|         | From                                   | Coli  | MBUS                                    | CON                    | sulting,                                   | nove<br>BUS.<br>LLC                     | •   |  |
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| fective | date, if other                         | r than the dat  | te of filing: _                         |                        | 24/16                                      | (opt                                    | iona  | ک س  |
| ote: If | the date inserte                       | the date must be<br>ed in this block<br>te on the Depar | does not meet                           | the applicabl          | late of filing or mo<br>e statutory filing | re than 90 days aft<br>requirements, th | er fili <b>bg.) R</b> ursu<br>iis date will n | am to 605.02<br>or be listed                 |
|         |  | a delayed ef<br>r the record                            |   | e, but not a           | n effective ti                             | me, at 12:01                            | a.m. on th                                    | ne earlier                                   |
|         |  | en 24   |   | 2016                   | 11   |   |   |  |
|         |  | Sig   | <b>'</b> ' '                            | leover ber or authoriz | ed representative                          | A member                                |   |  |
|         |  | TOSE  | : L.                                    | du                     | MBUS.                                      |   |   |  |
|         | <del></del>                            | <u> </u>  | T¥                                      |                        |  |   |   |  |