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APR 2 5 2019 S. YOUNG

COVER LETTER

TO:	Registration Division of C			
SUBJE	CCT:	R & N (CONSULT Name of L	imited Liability Company	
The end	closed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please i	return all corres	pondence concerning this matt	er to the following:	
		Raja	Name of Person	
		RLW_	CONSULTING LCC Firm/Company	
		9367 <	Address	
		Miau	City/State and Zip Code	
		ZATAALV E-mail address	ARE 2_THE_UNDERDOY@HOTO :: (to be used for future annual report not	HAIL (OH)
For furt	her information	concerning this matter, please	cail:	
	Rayoel Name	Al vorey	at () <u>756</u> Area Code Daytim	366 1288 te Telephone Number
Enclose	d 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:

TO:

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

R'LN CONSULTING (Name of the Limited Liability Compan	LLC
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 4/12/2019 and assigned
Florida document number <u>L16000 22 34/84</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability".	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9367 SW 157th Path
(Principal office address MUST BE A STREET ADDRESS)	Mian Fr 33196 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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
			☐ Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
			☐ Change
			□ Remove
			
			□ Remove
			Change
			Add
			Remove
			Change
<u>.</u>			Add
			Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing:	07 (3) as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated 4 ¹⁴ 7 April , 2019.	
Signature of a member or authorized representative of a member	
ZAFAEL ALVARET Typed or printed name of signee	

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Filing Fee: \$25.00