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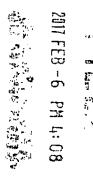
(Re	equestor's Name)	 	
(Ad	ldress)		
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(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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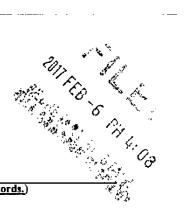
COVER LETTER

	Registration Se Division of Cor			
STIR IFC	MARKET &	& CONSUMER CONSULTIN	IG, LLC	
SUBJEC			nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		ELIZABETH DAYANA	MARTIN PADRON	
			Name of Person	
		MARKET & CONSUME	R CONSULTING, LLC	
			Firm/Company	
		17999 SW 54th St.		•
			Address	
		Miaramar, FL 33029		
			City/State and Zip Code	.
		elymartin17@gmail.com		
·		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
Francis Fo	erretti		786 306 1697	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne 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

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MARKET & CONSUMER 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 Co Florida document number	ompany were filed on January 9, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flori	da 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>	<u>Address</u>	Type of Action
MGR	Maria Corina Gomez Paredes	17999 SW 54th St., Miramar FL 33029	Add
			■ Remove
			Change
MGR	Maria Cristina Gomez Paredes	17999 SW 54th St., Miramar FL 33029	Add
			■ Remove
			Change
MGR	Frank Kovatch Ferretti	17999 SW 54th St., Miramar FL 33029	■ Add
			Remove
			Change
	 .		Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
		·	☐ Remove
			☐ Change

D. If amo	ending any other informati	on, enter change(s) h	ere: (Attach additional	l sheets, if necessa	ry.)	
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Note:	ive date, if other than the decrive date is listed, the date must lead the date inserted in this blocent's effective date on the Dep	k does not meet the app	licable statutory filing red			
	ord specifies a delayed 90th day after the reco		not an effective time	e, at 12:01 a.m.	on the ea	rlier of:
Dated	February 3rd,	2017	'. N			
		aliali	th Yodin		•	
	S	ignature of a member or au	thorized representative of a	member		See 14 jii
			NA MARTIN PADRO	N	B - 0	umanan Managar
		->F			o PH	j j
		Pa	ge 3 of 3			v.**

Filing Fee: \$25.00