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SECRETARY OF STATE

I. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
	GONSULTING ORLANDO,	LLC	
SUBJECT:	Name of Lim	ited Liability Company	AND
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRUNO A. DE SOUZA	·	
		Name of Person	
	BUSINESS CONSULTIN	G ORLANDO, LLC	
		Firm/Company	
	2679 RUNYON CIRCLE		
		Address	
	ORLANDO, FL 32837		
		City/State and Zip Code	
	BRUNOAVELAR55@HO		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
BRUNO A. DE SOUZA	RUNO A. DE SOUZA 283 5772		
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S2S.00) Filling 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

BUSINESS CONSULTING ORLANDO, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 13TH 2017	and assigned
Florida document number L1700001109		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1650 SAND LAKE ROAD	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 212	
	ORLANDO, FL 32809	17
Enter new mailing address, if applicable:	1650 SAND LAKE ROAD	FEB 21
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 212	9
	ORLANDO, FL 32809	Z G
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>en</u> e:	e di
Name of New Registered Agent:		
New Registered Office Address:	E - El - :	
	Enter Florida street address	
	, Florida	Zip Code
	City	esp 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	ROSANE CARVALHO	1650 SAND LAKE ROAD	≅ Add
		SUITE 212	☐ Remove
		ORLANDO FL 32809	□ Change
			Add
			Remove
			□ Change
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			25 93 1785 1 2 ppv □ 1785 1 3
	•		B 24 PHE CHIEFOR A FIRST
			Change 李
			□ Add
			Remove
			□ Change

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ective date, if other than	the date of filing:			_ (optional)	
ective date, if other than effective date is listed, the dat te: If the date inserted in the	e must be specific and can	nnot be prior to date o	f filing or more than 90 c	lays after filing.) Pursua ents, this date will no	int to 605.0
cument's effective date on t			unory ming roquitori	, , , , , , , , , , , , , , , , , , , ,	
				,	
record specifies a del he 90th day after the	ayed effective dat record is filed.	e, but not an e	ffective time, at 1	.2:01 a.m. on the	e earlier
					17
ed		2017 			833
					24

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Typed or printed name of signee

Filing Fee: \$25.00