LITOCOMION

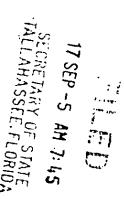
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(Address)				
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COVER LETTER

	Registration Sec Division of Corp							
eu n iez	BUSINESS	CONSULTING ORLANDO,	LLC					
SUBJEC	.l:	Name of Lim	ited Liability Company					
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspon	dence concerning this matter	to the following:					
		BRUNO A. DE SOUZA						
	Name of Person							
	BUSINESS CONSULTING ORLANDO, LLC							
Firm/Company								
1650 SAND LAKE ROAD SUITE 212								
Address								
		ORLANDO, FL 32809						
	City/State and Zip Code							
		BRUNOAVELAR55@HO						
For furth	er information cor	ncerning this matter, please co	to be used for future annual report notifi all:	cation)				
	A. DE SOUZA		407 283 5772					
Name of Person				Telephone Number				
Enclosed	is a check for the	following amount:						
■ \$ 25.0	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

(Name of the Limited Liah	
(A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1.17000011091	y Company were filed on 1/13/17 and assigned
his amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
he new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
3. If amending the registered agent and/or reg registered agent and/or the new registered office ac	egistered office address on our records, enter the name of the oddress here:
Name of New Registered Agent:	17 S ALLA
New Registered Office Address:	EP - IAS
	Enter Florida street address
_	City Zip Sode
New Registered Agent's Signature, if changing Registe	ered 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CLAUDIA M. PASSEROTTI	11650 ASHLIN PARK BLVD	■ Add
		WINDERMERE, 34786	Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
		•	☐ Change
			Add
			Remove Remove SEPange Change
			PI ARIO CONTROL ARIONE
			Change
			□ Remove
			Change

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v. Han	ending any other information	on, enter change(s) here	:. (минен ишинописько	eis, y necessary.)	
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E. Effec	tive date, if other than the d	ate of filing:		(optional)	
(If an e	ffective date is listed, the date must be If the date inserted in this bloc	e specific and cannot be prior		90 days after filing.) Pu	
	ment's effective date on the Dep			ements, mo dute win	not be instead as the
If the re	ecord specifies a delayed $\epsilon$	effective date, but no	t an effective time, a	t 12:01 a.m. on	the earlier of:
	e 90th day after the recor				
Date	SEPTEMBER 01	2017			
Date					
	SI	gnature of a memmer or autho	orized representative of a mer	) )	
	BRUNO A DE SOUZA				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00