## 1700021748

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S. YOUNG

## **COVER LETTER**

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Division of Cor	porations		
SUBJECT: C+1	NSTRUCTION	ARIES LINKS	116
	Name of Lim	ifed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JCHN.	P BAPTISTE  Name of Person	
		Name of Person	
	MULTI-FA	-CETED MANAGE	ment + consulting LLC
		· ····································	
	PoBox	694281	
	7	Address	
	MIami	FL 33269	
		-	6 m 40m
	E-mail address: (	1999 © YAHO to be used for future annual report notif	fication)
For further information e	oncerning this matter, please co	all:	
TUHN P	DAPTISTE Person	at ( <u>786</u> ) <u>767</u> Area Code Daytim	- 5474/ e Telephone Number
Enclosed is a check for the	he 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)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company	were filed on 02 - a	2 2 - 2 a / 7 and assigned
Florida document number <u>L 170000 26748</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MULTI - FACETED MANAGE!  The new name must be distinguishable and contain the words "Limited Liabi	MENT + COI	ISULTING LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13899 31	SCAYNE BIUD
(Principal office address MUST BE A STREET ADDRESS)	Miami Fl	SCAYNE 3/100 6110a 33/81
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, 9	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
<u></u>		, Florida
	Cuy	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 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
Vom	ANTONIO C. SAN	VChEZ 253 NW 45+6	□Add
		AUE Miami Florida	Remove
		33126	□Change
		<del></del>	□Add
			□Remove
		<del></del>	□Change
			🗀 Add
			🗆 Remove
			□Change
<del></del>		<del></del>	🗆 Add
			□Remove
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			□Remove
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). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: 1	e date, if other than the date of filing:
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	MAY 15, 2020.
	Signature of a member or authorized representative of a member
	TOHN P BAPTISTE  Typed or printed name of signee

Filing Fee: \$25.00