Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000213410 3)))



H210002134103ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ABITOS PLLC

Account Number : I20200000189 Phone : (305)774-2945

Fax Number : (305)774-1504

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			
rmatr	MUUI COO.	 	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BERANGER CONSULTING GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERANGER CONSULTING GROUP I.LC

(Same of the Ulmited Liability Company or it new appears on our records)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/16/2017

and assigned

Florida document number L17000037506

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET APDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY HE A POST OFFICE BUX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered agent and/or the new registered Agent:

Name of New Registered Agent:

New Registered Office Address:

## 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 affice address, I hereby confirm that the limited Hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

enter Fhiritha street addiress

. Florida

To:

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

Title	Name	Address	Type of Action
MGR	Eduardo Francisco Chavarri Joo	1060 BRICKELL AVE UNIT 3315	₩ Add
<u> </u>		MIAMI, FL 33131	□ Remove
			Change
			DAdd
			CRemove
			()Change
			DRemove
			- Change
			CAdd
			□Renюve
			EAdd
			🖸 Remove
			DChange
			bkAC
			□Remove
			☐ Change

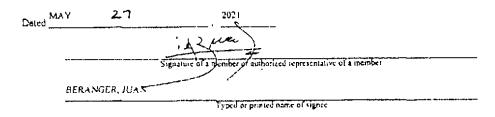
	. <del>_ </del> -				
		·			·· <del>···································</del>
				<u> </u>	
	<u></u>	· · · · · ·			<del></del>
<del>,</del>					·_

E. Effective date, if other than the date of filing:

(If m effective date is fixed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 9207 (3 mb)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.



LURE ART OF STATE