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	CONSULTING SERVICES I	.I.C	
·	Name of Lim	ited Liability Company	
sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ım all correspo	ondence concerning this matter	to the following:	
	JOSE MARIN ACOSTA		
	SASMA CONSULTING S	Reg SERVICES LLC Name of Limited Liability Company and fee(s) are submitted for filing. Thing this matter to the following: ARIN ACOSTA Name of Person CONSULTING SERVICES LLC Firm/Company D ST AUGUSTINE RD # 706 Address City/State and Zip Code SEALCIDES@YAHOO.ES E-mail address: (to be used for future annual report notification) matter, please call: at (786) Area Code B17-4789 Daytime Telephone Number mount: Filling Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
		Firm/Company	
	11001 OLD ST AUGUST	INE RD # 706	Daytime Telephone Number See & S60.00 Filing Fee. Certificate of Status & Certified Copy
		Address	
	JACKSONVILLE, FL. 32	257	
	City/State and Zip Code		
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	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following JOSE MARIN ACOSTA Name of P SASMA CONSULTING SERVICES LLC Firm/Com 11001 OLD ST AUGUSTINE RD # 706 Addres JACKSONVILLE, FL. 32257 City/State and MARINJOSEALCIDES@YAHOO.ES E-mail address: (to be used for future concerning this matter, please call: A	to be used for future annual report notif	ication)
information c	oncerning this matter, please of	all;	
ARIN ACOST	A	nitted for filing. o the following: Name of Person ERVICES LLC Firm/Company NE_RD # 706 Address 57 City/State and Zip Code AHOO.ES be used for future annual report notification) II:	
JACKSONVILLE, FL. 32257 City/State and Zip Code MARINJOSEALCIDES@YAHOO.ES E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: DSE MARIN ACOSTA at (786)			
s a check for ti	he following amount:		
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	SASMA intermation carried Articles of armall corresponding to the corre	SASMA CONSULTING SERVICES I Name of Lim red Articles of Amendment and fee(s) are sub rm all correspondence concerning this matter JOSE MARIN ACOSTA SASMA CONSULTING S 11001 OLD ST AUGUST JACKSONVILLE, FL. 32 MARINJOSEALCIDES@ E-mail address: (c) information concerning this matter, please concerning this matter, please concerning this matter. Services as a check for the following amount: Services as a check for the following amount: Filing Fee \$\Bigcup S30.00 Filing Fee & \text{Consulting Fee & \text{Cons	SASMA CONSULTING SERVICES LLC Name of Limited Liability Company red Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: JOSE MARIN ACOSTA Name of Person SASMA CONSULTING SERVICES LLC Firm/Company 11001 OLD ST AUGUSTINE RD # 706 Address JACKSONVILLE, FL. 32257 City/State and Zip Code MARINJOSEALCIDES@YAHOO.ES E-mail address: (to be used for future annual report notification concerning this matter, please call: IRIN ACOSTA Name of Person at (786) Name of Person at (_786) Dayting s a check for the following amount: Filling Fee \$30.00 Filling Fee & Certificate of Status Certified Copy

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**

SASMA CONSULTING SERVICES LLC

(Name of the Limited Liability Company as it now app	nears on our records.)	
(A Florida Limited Liability Compan	<u>y)</u>	
organization for this Limited Liability Company were filed on	02/23/2017 a	ınd

The Articles of Organization for this Limited Liability Company	were filed on objective	and assigned
Florida document number L17000043813		
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	lity Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	11001 OLD ST AUGUSTINE RD # 706	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE FL. 32257	9 (3) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8
		1 46
		5 325
Enter new mailing address, if applicable:	11001 OLD ST AUGUSTINE RD # 706	₽ 39
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE FL. 32257	22
<u>, , , , , , , , , , , , , , , , , , , </u>		2
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u></u>	name of the nev
	Enter Florida street address	
	, Florida	Lip Code
New Registered Agent's Signature, if changing Registered Agent:		лр Соне
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. I further agree performance of my duties, and I am fami	liar with and

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
MGR	ANDRES MARIN PEREZ	OLD 11001 ST AUGUSTINE RD # 706	_ Add
		JACKSONVILLE FL. 32257	Remove
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Effect	ive date, if other than the date of filing: JUNE 20, 2018 (optional)	
If an cil	tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	nt to 605.02 t be listed
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier
Dated	JUNE 19 2018 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	JANUUM/	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00