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| PICK-UP WAIT | MAIL |
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| Special Instructions to Filing Officer | : |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|-----------|------------------------------------|--|---|--|--|
| SUBJE | | SULTING GROUP LLC | | | |
| NUBJEA | . I: | Name of Lim | ited Liability Company | | |
| The enc | losed Articles of . | Amendment and fee(s) are sub | omitted for filing. | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | |
| | | NANCY ELIZABETH HE | ERNANDEZ BRAVO | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 7350 FUTURES DR SUIT | CE 14 - OFFICE #107 | | |
| | | | Address | | |
| | | ORLANDO, FL 32819 | | | |
| | | | City/State and Zip Code | | |
| | | info(@bmpcg.com | | | |
| | | E-mail address: (| to be used for future annual report noti- | fication) | |
| For furth | ner information co | oncerning this matter, please or | all: | | |
| NANCY | | IERNANDEZ BRAVO | at (<u>407</u>) <u>\$18 - Q</u> Area Code Daytim | 178 | |
| | Name of | f Person | Area Code Daytim | e Telephone Number | |
| Enclosed | d is a check for th | e 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) | |

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

| Sam Conscitting Groot Li | | and the second of | |
|---|--|---|---------------------------------------|
| (<u>Name of the Li</u> m | ited Liability Company as it no (A Florida Limited Liability Co | ompany) | |
| The Articles of Organization for this Limited I Florida document number 1.17000063150 | Liability Company were file | ed on <u>03/19/2017</u> | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability com | pany here: | o • |
| This amendment is submitted to amend the fold A. If amending name, enter the new name of the new name must be distinguishable and contain the Enter new principal offices address, if applia (Principal office address MUST BE A STRE | words "Limited Liability Compa | ny," the designation "LLC" or the abb | revigion EL.C." |
| Emer new principal offices address, if appli | Canic. | | - W |
| (Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | <u></u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of | <i>BOX)</i> | | 1,10HS |
| Name of New Registered Agent: | NANCY ELIZABETH F | IERNANDEZ BRAVO | |
| Name David stanced (1977) and Address of | 7350 FUTURES DR SU | TE 14 - OFFICE # 107 | |
| New Registered Office Address: | | Enter Florida street address | |
| | ORLANDO | Florida ³²⁸ | 19 |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the | per and complete perform sistered agent as provided | ance of my duties, and I am fa for in Chapter 605, F.S. Or, i, | miliar with and f this document is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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> | <u>Address</u> | Type of Action |
|--------------|---------------------------------|--------------------------|---|
| P | Nancy Elizabeth Hernandez Bravo | 126 CARRER AVE | |
| | | DAVENPORT, FL 33897 | Remove |
| | | | Change |
| VP | JuanCarlos Pacheco Aquino | 7350 FUTURES DR SUITE 14 | |
| | | OFFICE≓ 107 | Remove |
| | | ORLANDO, FL 32819 | ☐ Change |
| | | | Add |
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| n eft o <u>te:</u> | tive date, if other than the date of filing: 06/20/2017 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records. | 1207 Las |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie a 90th day after the record is filed. | r of |
| ted | JUNE 20 2017 | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00