117000125210

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Special manuacions to	Timig Citicol.	
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Office Use Only



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D. SCOTT AUG 4 2017

COVER LETTER

Contraction Season Division of Cor		1		
	SARIAS CONSULTING LLC	ı		
BJECT:	Name of Limi	ited Liability Company		
		l		
enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
ase return all correspo	ondence concerning this matter	to the following:		
	JOAO PEDRO VOLZ	•		
		Name of Person		
	VD&T INTERNATIONA	L I		
		Firm/Company		
	150 SE 2ND AVE SUITE	505		E > 1
		Address		
	MIAMI, FL 33131	ı		FILTO
		City/State and Zip Code		2 7 7
	management@vdtinternatio	nal.com to be used for future annual report notif	ication)	7
further information c	oncerning this matter, please ca			2
AO PEDRO VOLZ		305 8781516		
Name o	f Person		Telephone Number	
losed is a check for th	he following amount:			
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

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

EDSON ASARIAS CONSULTING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on 06/07/2017 and assigned lorida document number _____17000125210 his amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: VDT corporate Services LLC Name of New Registered Agent: Ave. Scrite 505 New Registered Office Address: Enter Florida street address

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	UDT corporate Services LLI	c 150 SE 2nd Ave	™ Add
		Suite 505	Remove
		miami, FL 33131	Change
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an effective date		nust be specific:	and cannot be prior	to date of filing or more		filing.) Pursuant to 605.020
			ot meet the applic of State's records		equirements, this	date will not be listed a
a record che	cifies a delay by after the re			t an effective tim	ne, at 12:01 a	.m. on the earlier
			_			
The 90th da	F 31st		2017			
The 90th da	5 31 st		2017	orized presentative of	a member	

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Page 3 of 3

Filing Fee: \$25.00