01/04 12 05/2017 18:25 56129684 12/5/2 Division of Corporations Electronic Filing Cover Sheet 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. (((H17000318482 3))) H170003184823ABC1 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 : CORPORATE CREATIONS INTERNATIONAL INC. 1 ~, Account Number : 110432003053 <u>.</u> Phone : (561)694-8107 Fax Number : (561)694-1639 **Enter the email address for this business entity to be used for-future annual report mailings. Enter only one email address please.** Email Address: _____ LLC AMND/RESTATE/CORRECT: OR M/MG RESIGN SINGEL CONSULTING LLC 2017 DEC 0 Certificate of Status 0 Certified Copy сr. 04 Page Count \$25.00 Estimated Charge TI ł ίΩ

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	Singel Consu	lting LLC		A HOW ORDERED ON ANT FOO	ords)		h.,
		(Name of the Lin	(A Florida Limited Liabi	it now appears on our rec ity Company)	. <u></u>		
The Articles of Florida docum	of Organizatio	on for this Limited L17000130489	Liability Company we	e filed on <u>06/15/2017</u>	and as	signed	
		ted to amend the fo	ollowing:				
			of the limited liability	company here:			
The new name r	nust be distingu	ishable and contain the	e words "Limited Liability C	Company." the designation "	LLC" or the athbreviation "	L.L.C."	-
Enter new p	rincipal offic	es address, if appl	licable: _				-
		MUST BE A STRI					-
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Enter new #	nailing addre	ess, if applicable:	-				_
		<u>E A POST OFFIC</u>	<u>(E BOX)</u>				
B. If ame registered a	nding the re gent and/or (nistered agent and the new registered	nd/or registered offic <u>) office address here</u> :	e address on our rec	cords, <u>cnter the nam</u>	e of the	<u>new</u>
Na	me of New R	egistered Agent:		· · · · · · · · · · · · · · · · · · ·			-
Ne	w Registered	Office Address:		Enter Florida street o	adáress		_
					. Florida		
				City	Zip Co	de	-

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

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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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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If amonding 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
AMBR	Enrique Moris Vega	2121 N. OCEAN BLVD., APT. 16	
		BOCA RATON, FL 33410	🗇 Кстоус
			Change
AMBR	Federico Hidalgo Abril	2121 N. OCEAN BLVD., APT. 16	🖬 Add
		BOCA RATON, FL 33410	Remove
		······	Change
AMBR	Adrian Lucena Sanchez	2121 N. OCEAN BLVD., APT. 16	■ ∧dd
		BOCA RATON, FL 33410	C Remove
			Change
AMBR	lose Gallardo Lopez	2121 N. OCEAN BLVD., APT. 16	🖬 Add
		BOCA RATON, FL 33410	Remove
			Charres Charre
			Add FILL
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<u> </u>			Remove
			🖸 Change



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D. If amending any other information, enter change(s) here: (Attach conditional sheets, if necessary.)

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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.

Dated December 5	2017	
KMARTAN		
Signature of a	member or authorized representative of a member	
Karen Montano, Attorney-in-Fact		
	Typed or printed name of signee	

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Filing Fee: \$25.00