## L17000144761

(Requestor's Name)	
(Address)	60031
(Address)	00001
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/12/18
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHDI		onseca CPA LLC		
SUBJE	.C.I:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		David Fonseca		
			Name of Person	· · · <del>-</del>
		Fonseca Consulting Group	LLC	
			Firm/Company	
		826 Vista Meadows Drive		
			Address	
		Weston, Florida 33327		
			City/State and Zip Code	
		fonsecacpa@gmail.com		
		E-mail address: (	to be used for future annual report notif	ication)
For furt	ther information co	oncerning this matter, please co	all:	
David	Fonseca		954 3857872	
	Name of	l Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>■</b> \$25	5.00 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)

MAHLING 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

FILED

SECRETARY OF STATE

THE STATE OF STATE

THE STATE OF STATE

David E. Fonseca CPA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	my were filed on $\frac{07/05/20}{2}$	on assigned and assigned
Florida document number L17000144761		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
FONSECA CONSULTING GROUP LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:		records, enter the name of the nev
New Registered Office Address:		
	Enter Florida sti	vet address
		Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	ete performance of my a us provided for in Chapi	uties, and I am familiar with and er 605, F.S. Or, if this document is

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 = M AMBR = A	lanager uthorized Member		FILED  18 MAR 12 PM 2:14  SECRETARY OF STATE  LATE MASSEE, FLORIDA	
<u>Title</u>	Name	Address	SECRETARY OF 2: 14	Type of Action
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Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Widays after filing.) Pursuant to 605.0207 ( 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.  The goth day after the record is filled.  Dated  3/4		
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Dated 3/6. 20/8.  Signature of a member or authorized representative of a member	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member or authorized representative of a member		
	Dated	1 3/1. 2018.
		(1) - Hones
DAVID FONSECA		Signature of a member or authorized representative of a member
		DAVID FONSECA

Page 3 of 3

Filing Fee: \$25.00