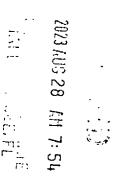
L17000146321

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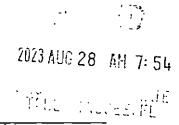
Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			
CUD IE		CONSULTING LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subi	mitted for filing.	
		ndence concerning this matter		
		SIDNEY EDUARDO FRA	NCO DA ROCHA	
			Name of Person	
		C.I.A.S.P. CONSULTING	LLC	
			Firm/Company	
		PO BOX 570605		
			Address	
		ORLANDO, FL 32857		
		-	City/State and Zip Code	
		assistance@bvamerica.net		
	•	E-mail address: (to be used for future annual report n	otification)
For furt	her information c	oncerning this matter, please co	all:	
Adrian	o Berger Ferreira		407 761-1820	
	Name o	f Person	at () Area Code Days	time Telephone Number
F-alass	ad in a nhanta Canat	no Callanda a anaton		
		ne following amount:	_	
□ \$ 2:	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)
	Mailing Addres	ıe.	Street Address:	
	Registration	Section	Registration	Section
	Division of C	•	Division of C	
	P.O. Box 632	27	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



C.I.A.S.P. CONSULTING 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 Lial	bility Company	were filed on	07/07/2017	and assigned
Florida document number L17000146321	······································			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	lity company	here:	
N/A				
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," th	e designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	N/A		<u>-</u>
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE B	ox)			
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	_	nddress on our	r records, <u>enter th</u>	e name of the new registered
New Registered Office Address:		Enter I	Florida street address	
			TC1	_د.
		City	, гюп	da Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as p egistered office	performance provided for it	of my duties, and n Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	IVANISE CETRA F DA ROCHA	4844 ROMEO CIRCLE	☐Add
		KISSIMMEE, FL 34746	Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□ Remove
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□Change
			□Add
			□ Remove
			Change

N/A	
	
	
<u>. </u>	
-	
ffective date, if other than	the date of filing: (optional)
an effective date is listed, the date	e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 his block does not meet the applicable statutory filing requirements, this date will not be listed as
	he Department of State's records.
record specifies a delayed eff	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
i is filed.	
July 31	2023
	* + 1
(
	Signature of a member or authorized representative of a member
Sidney Eduardo Fr	
	Typed or printed name of signee

Filing Fee: \$25.00