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Amend

JUN : WILL I ALBRITTON

COVER LETTER

Registration Section

Division of Corporations

TO:

RUBICONS	SULTING, LLC	,		
	Name of Lim	ited Liability Company		
Articles of	Amendment and fee(s) are sub	mitted for filing.		
all correspo	ndence concerning this matter	to the following:		
	RIQUEZES, JUAN IGNA	CIO		
		Name of Person		
	RUBICONSULTING, LLC	C		
		Firm/Company		
	3090 EQUESTRIAN DR			
	A.4 *	Address		
	BOCA RATON, FL 33434	ı		
		City/State and Zip Code	<u>-</u>	
	juanriquezes@gmail.com		<u> </u>	
	E-mail address: (to be used for future annual report not	ification)	
formation c	oncerning this matter, please c	all:		
JUAN IGN	ACIO -	561 460 3065		
Name of Person		Area Code Daytin	ne Telephone Number	
check for th	ne following amount:			
iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		<u>Street Address:</u> Registration Se	ection	
	•		Division of Corporations	
			Fallahassee be Street, Suite 810	
	formation e JUAN IGN Name of the check for t	Articles of Amendment and fee(s) are sub all correspondence concerning this matter RIQUEZES, JUAN IGNAME RUBICONSULTING, LLC 3090 EQUESTRIAN DR BOCA RATON, FL 33434 juanriquezes@gmail.com E-mail address: (formation concerning this matter, please can be also be a second of Person Check for the following amount: iling Fee	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: RIQUEZES, JUAN IGNACIO RUBICONSULTING, LLC Firm/Company 3090 EQUESTRIAN DR Address BOCA RATON, FL 33434 City/State and Zip Code juanriquezes@gmail.com E-mail address: to be used for future annual report not formation concerning this matter, please call: JUAN IGNACIO Name of Person Area Code Juaytin Check for the following amount: iling Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Ling Address: gistration Section Section Registration Section Section of Corporations Division of Co-porations Division of Co-port Centre of The	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	TO	
ARTICLES OF	ORGANIZATION	
	OF	
		3
RUBICONSULTING, LLC		ords.)
	ndany as it now appears on our rec	ords.)
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	
	08/25/2017	99
The Articles of Organization for this Limited Liability Compa	ny were filed on 08/23/2017	and assigned
Florida document number L17000182226		
This amendment is submitted to amend the following:		
A 16dia a source and the many after limited li	ahilita aamana hara	
A. If amending name, enter the new name of the limited li	ability company nere:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
•	· ·	
(Principal office address MUST BE A STREET ADDRESS)		
Carana da de la Complicación de		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	e address on our records, ent	ter the name of the new registered
agent and/or the new registered office address here:		
N ON BUILDING		
Name of New Registered Agent:		
New Registered Office Address:		
New Negatored Office Addiess.	Enter Florida street ada	lress .
		Florida Zip Code
	City	гэр Сойе
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	

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

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>	<u>Address</u>	Type of Action
Director	Thomson Riquezes, Sylvia Cristina	3090 EQUESTRIAN DR	
		BOCA RATON, FL 33434	□Remove
			≡ Change
Director	Riquezes, Juan Ignacio	3090 EQUESTRIAN DR	□Add
		BOCA RATON, FL 33434	□Remove
			Remove
			□Change
			🗀 Remove
			Change
			Change
			□Add
			Remove
			□Change

				
				
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			 .	
Effective date, if other than the firm a effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be block does not meet the a	pplicable statutory fili	(optional nore than 90 days after filing ng requirements, this date	g.) Pursuant to 605,0207
e record specifies a delayed effecti rd is filed.	ve date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b) T	he 90th day after the
May 19	2020			
Dated	·	1		
		100 1		
	Signature of a member or	authorized representativ	e of a member	