L17000243903

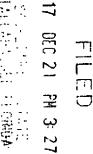
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COVER LETTER

TO: Registration Solution of Col			
SUBJECT: STAMS C	ONSULTING, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALAN J. MARCUS		
		Name of Person	
	ALAN J. MARCUS, ATT	ORNEY AT LAW	
		Firm/Company	
	20803 BISCAYNE BOUL	EVARD, SUITE 301	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	ASHOSHAN@ATSINVES	TMENTS.COM to be used for future annual report notifi	
For further information c	concerning this matter, please c	•	cation)
ALAN J. MARCUS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	305 937-1800	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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 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

STAMS CONSULTING, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 11/28/2017	and assigned
Florida document number L17000243903	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
MAOR CONSULTING & ADVISING, LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		21 LE
(Mailing address MAY BE A POST OFFICE BOX)		2 Z C
		ဆုံး- ယု
		27
B. If amending the registered agent and/or regi	stered office address on our recor	rds, enter the name of the no
registered agent and/or the new registered office add	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Hadress.	Enter Florida street add	ress
	ı	Florida
	City	Zip Code

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

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>	Name	<u>Address</u>	Type of Action	
			□ Add	
			Remove	
			Change	
			Add	
			☐ Remove	
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ctive date, if other	than the date o	f filing:	<u> </u>	(opti	onal)	
effective date is listed, t e: If the date inserte	the date must be spec d in this block doe	rific and cannot be prior is not meet the applic	to date of filing or itable statutory fili	nore than 90 days after ig requirements, this	filing.) Pursuant to 605 date will not be list	5.02 aed a
iment's effective dat	e on the Departme	ent of State's records	•			
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Page 3 of 3

Filing Fee: \$25.00