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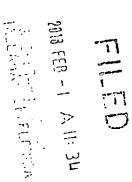
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COVER LETTER

Div	ision of Cor	porations						
SUBJECT:	ORD Const							
SUBJECT.								
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	ondence concerning this matter	to the following:					
		Odalis Rodriguez						
			Name of Person					
		ORD Consulant Services I	imited Liability Company					
			Firm/Company					
	1343 Sweetwood Blvd.							
		Address						
		Kissimmee FL 34744						
		odalisrodriguez792@gmail.	City/State and Zip Code com					
		E-mail address: (to be used for future annual report notifi	cation)				
For further in	nformation c	oncerning this matter, please ca	all:					
Odalis Rodr	iguez		407 637-1747					
	Name o	f Person		Telephone Number				
Enclosed is	e check for th	ne following amount:		1. W				
□ \$25.00 F	Filing Fee	★ ■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Status & Certificate of Status & Certified Copy (additional copy is enclosed)				

* MAILING ADDRESS:

TO: . Registration Section

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

ORD Consulant Services Limited Liability Company (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 Company were filed on $\frac{01/23/2018}{2}$ and assigned Florida document number $\underline{L18000021178}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ORD Consulting Services, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 office address on our records, enter registered agent and/or the new registered office address here: Global Accounting Group, Corp. Name of New Registered Agent: 5425 S Semoran Blvd Suite C1 New Registered Office Address: Enter Florida street address Orlando City

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.

Marangely Roduquez for Global Accounty
If Changing Registered Agent. Signature of New Registered Agent Troup, Conf

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

<u>Title</u>	Name	Address	Type of Action
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			Change
			Add
			Remove
			Change
			Add
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