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COVER LETTER

TO:	Registration Se Division of Cou	ection rporations		
SUBJE	ECT:	FLS Cons	sulting Group LLC. nited Liability Company	
		Name of Lin	ней Ешонку Сонфану	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Felipe Serpa	
			Name of Person	
			FLS Consulting Group LLC.	
			Firm/Company	
			8979 Old Pine Way	
			Address	
			Boca Raton, FL 33433	
			City/State and Zip Code	
		E-mail address: (FelipeSerpaPA@gmail.com to be used for future annual report noti-	lication)
For fur	ther information c	oncerning this matter, please co	•	
Felipe Serpa		at (954) 531-2799	- 	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	he 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 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

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears of Liability Company)	n our records.)		_	
The Articles of Organization for this Limited Liability Compa	ny were filed onMa	rch 26th, 2018	an	d assign	ied
Florida document number <u>L18000077686</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here	:			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the design	gnation "LLC" or the	: abbreviati	on "L.L.C	, , , ,
Enter new principal offices address, if applicable:		··			
(Principal office address MUST BE A STREET ADDRESS)					
	 		<u> </u>	29	
			_= =	JUK	
Enter new mailing address, if applicable:			7	#1 	··
(Mailing address MAY BE A POST OFFICE BOX)	- -		<u> </u>	!	<u></u>
[17] desiring these Co. (1711 Dell')			7	10	<u> </u>
			0.R	ယ္	- , -
B. If amending the registered agent and/or registered	office address on o	our records, <u>ent</u>	er the n	ame-of	the nev
registered agent and/or the new registered office address b	ere:				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida	a street address			
		, Florida			
·	City		Zip	Code	
New Registered Agent's Signature, if changing Registered Age	ent:				
I hereby accept the appointment as registered agent and a	agree to act in this ca	pacity. I further	agree to	comply	with the

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	Address	Type of Action
AMBR_	Hectory Ferreira	8979 Old Pine Way, Boca Raton, FL 33433	⊠ Add
			☐ Remove
			Change
			Add
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	5 5	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or magnetical Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 6 g requirements, this date will not be l	605.020 isted a
he record specifies a delayed effective date, but not an effective t	time, at 12:01 a.m. on the ea	dier (
The 90th day after the record is filed.		
Dated		
## / / # .		

Page 3 of 3

Filing Fee: \$25.00