118000102632

(Re	questor's Name)	
(Ad	dress)	
, (Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	ress) /State/Zip/Phone #) WAIT MAIL iness Entity Name) ument Number) Certificates of Status	
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UNISION OF CORPERATION

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COVER LETTER

TC	D: Registration Sec Division of Corp			•
e i		sulting Group LLC		
SU	BJECT:	Name of Limit	ted Liability Company	
		Amendment and fee(s) are subn		
Ple	ease return all correspon	ndence concerning this matter t	o the following:	
		Joseph F Pilewski		
			Name of Person	
		Natus Consulting Group	LLC	
			Firm/Company	
		6060 SW 62nd PI		
			Address	
		South Miami, FL 33143		
			City/State and Zip Code	
		joe@natusconsulting.com		
		E-mail address: (to	o be used for future annual report notification	ation)
Fo	r further information co	ncerning this matter, please ca	11;	
Jo	seph Pilewski		305 6066917 at ()	
	Name of	Person	Area Code Daytime 1	elephone Number
En	closed is a check for the	e 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

(Name of the Limited Liability (A Florida L	Company as it now appears on our record Limited Liability Company)	<u>1s.</u>)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000102632</u>	mpany were filed on 04/24/2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	—————————————————————————————————————		
		<u> </u>		
		125		
Enter new mailing address, if applicable:		1000円 2000円 2000円 2000円		
(Mailing address MAY BE A POST OFFICE BOX)		1 90		
		2. 2.5 2. 2.5 2. 2.5 2. 2.5 2. 2.5 3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		
		u x		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		s, enter the name of the new		
-				
Name of New Registered Agent:				
Non-Boller Addition				
New Registered Office Address:	Enter Florida street addre	ss		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, a ent as provided for in Chapter 605,	nd I am familiar with and F.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
MGR	Joseph F Pilewski	6060 SW 62nd PI	Add
		South Miami, FL 33143	□ Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change

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fective date, if other than the date of filing: _ un effective date is listed, the date must be specific and car			(optional)	
n effective date is listed, the date must be specific and car ote: If the date inserted in this block does not meet	not be prior to date of the applicable statu	filing or more than 90 da tory filing requiremer	ys after filing.) Pursuant to its, this date will not be	o 605.026 e list ed a
cument's effective date on the Department of State	's records.	, , ,	,	
record specifies a delayed effective date The 90th day after the record is filed.	e, but not an effe	ective time, at 12	::01 a.m. on the e	arlier
June 15th 2	018			
372871				
				_
Signature of a men	ber or authorized repre	esentative of a member		

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Filing Fee: \$25.00