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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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SLOKE TARY OF STATE
DIVISION OF CORPORATION

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## **COVER LETTER**

то:		ration Sect in of Corpo				
SUBJEC	ΩT. Ai	npere Cons	ulting LLC			
SOBJEC			Name of Lim	ited Liability Company		<del>-3</del>
The encl	losed Ai	rticles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn ali	correspond	lence concerning this matter	to the following:		
			Manuel Campos			
				Name of Person	,	
			CG Abogados			
				Firm/Company	,	
			77 Harbor Drive PMB5			
				Address		<del></del>
			Key Biscayne, FL 33149			
				City/State and Zip Code		
			meg@cg-abogados.com			
			E-mail address: (	to be used for future annual re	eport notification)	
For furth	ier infor	mation con	ncerning this matter, please ca	all:		
Manuel	Campo	s		305 981-	-6543	
		Name of F	Person	Area Code	Daytime Teleph	one Number
Enclosed	d is a ch	eck for the	following amount:			
<b>■</b> \$25.0	00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle		S60.00 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

Appear Conculting LLC

	ted Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.)	<del>.</del>
The Articles of Organization for this Limited L	iability Company were filed on	05/29/2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company	here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," th	ne designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		<b>=</b> 0
Principal office address MUST BE A STREE	ET ADDRESS)		ISIONE PAR ISION OF C
Enter new mailing address, if applicable:		<u></u>	PH L
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		on our records, enter	r the name of the
	Fedro Andres Fernandez		
egistered agent and/or the new registered o			
egistered agent and/or the new registered o	Pedro Andres Fernandez 177 Ocean Lane Drive #804	Florida street address	
	Pedro Andres Fernandez 177 Ocean Lane Drive #804	Florida street address Florida <sup>3</sup>	3149

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>	Address	Type of Action
MGR	Pedro Andres Fernandez	177 Ocean Lane Drive #804	
		Key Biscayne, FL 33149	Remove
			☐ Change
			□ Add
			☐ Remove
			Change
<del></del>			
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Filing Fee: \$25.00