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## **COVER LETTER**

SUBJECT:	NCK CONSULTING & MANAGEMENT LLC  Name of Limited Liability Company					
SUBJECT;						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	endence concerning this matter	to the following:			
		JOSEPH D PENA				
		<del></del>	Name of Person	<u> </u>		
		SMGQ LAW				
Firm/Company 201 ALHAMBRA CIRCLE SUITE 1205						
			Address			
		CORAL GABLES FLORIDA 33134				
		DORCHILLES@SMGQLA	City/State and Zip Code			
		9 .	to be used for future annual report notin	lication)		
For further i	nformation c	oncerning this matter, please ca	nll:			
DANIELLE	ORCHILLI	ës .	305 377-1000 at (			
	Name o	f Person		e Telephone Number		
Enclosed is:	a check for th	he following amount:				
■ \$25.00 F	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 enclose		

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 Compan (A Florida Limited L	iy as it now appears on our records.)	<del></del>
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company village of Organization for this Liability Company village of Organization for this Organizat	were filed on 05/31/218	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		\$_ <b>75</b>
(Principal office address MUST BE A STREET ADDRESS)		SECRE AN TALLAHA
		13 Table 13
Enter new mailing address, if applicable:		SSE 79
(Mailing address MAY BE A POST OFFICE BOX)		m <sub>S</sub>
		- PA <b>-</b>
		103 🍝
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the new
registered agent and/of the new registered office address here	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	, 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LUISA F HURTDAO MILAN	8300 NW 53RD STREET STE350 DORAL, FL 33166	Add
			■ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
AMBR	JUAN FRANCISCO HERNANDEZ BRUZUAL	8300 NW 53RD STREET STE350 DORAL, FL 33166	
			☐ Remove
			Change
			□ Remove
			□ Change
			☐ Remove
			Change
	<del></del>		
			□ Remove
			Change
			□ Remove
		<u> </u>	☐ Change

•	
(If an Note	ctive date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	october 22 2018
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00