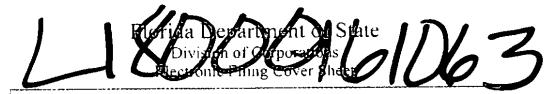
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Division of Corporations



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COVER LETTER

TO:	Registration Sec Division of Corp				
		NI CONSULTING, LLC			
SUBJE	CI:	Name of Limit	ted Liability Company		
		Amendment and fee(s) are sub-			
Please n	etum all correspon	ndence concerning this matter t	o the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N. Brand Blvd., 11d	h Floor		
			Address		
		Glendale, CA 91203			
			City/State and Zip Code		
		vagnellini@msn.com E-mail address: ()	to be used for finure unnua	report notification)	
For furt	ther information o	oncerning this matter, please ca	ali:		
Cheye	nne Moseley		800 7°	73-0888 ext. 9724	
	Name o	f Person	Area Code	Daytime Telephone Number	
	ed is a check for t	the following amount: \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee Certified Copy (additional copy is on	Certificate closed) Certified C	of Status &
	Regist Divisio	ANG ADDRESS: ration Section on of Corporations ov 6327	Registra Divisior	T/COURIER ADDRESS: ution Section n of Corporations Building	

P.O. Box 6327 Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

To: Page 4 of 6

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION

AGNELLINI CONSULTING, LLC		
(Name of the Limited Liability Compan (A Fiorida Limited Li	y as it now appears on our recor ability Company)	<u>(d4.</u>)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L18000161063</u>	vere filed on 07/02/2018	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company bere:	é
<u>-</u>		会館して
The new name must be distinguishable and end with the words "Limited Lizbil	ity Company." the designation "U	LC" or the abbreviation" L.L.
The new rame than be installed and one with the same	, company, and as c	
Enter new principal offices address, if applicable:		303.0
(Principal office address MUST BE A STREET ADDRESS)		
		193.00
		35.0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our recor :	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
110	Enter Florida street addi	ress .
	_1	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duites. rovided for in Chapter 60.	and I am jamiliar with and 5, F.S. Or, if this document is
!f Chan	ging Registered Agent, Signatus	e of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	B'	Address	Type of Action
<u>Title</u>	<u>Name</u>	Addition	
AMBR	VIC J AGNELLINI	20 ISLE OF VENICE DR, APT. 202	
		FORT LAUDERDALE, FL 33301	☑ Remove
AMBR	Victor J. Agnellini	20 ISLE OF VENICE DR, APT. 202	2 Add
		FORT LAUDERDALE, FL 33301	☐ Remove
			Add
			Add To Remove
			53
			□ Remove
			Remove

Page 2 of 3

). Ifam	ending any other informa	tion, enter change(s) here: (Attach addi	tional sheets, if necessary.)
r.ee	sive date if other than the	date of filing:	(optional)
(The ef	factive date must be specific, can the this document is filed by the F	date of filing: not be prior to date of receipt or filed date and canno orida Department of State)	nt be more than 90 days after
Dates	August 14	2018	
			_
		Signature of a member of provided representate Victor J. Agnellini	ve of a member
		Typed or printed name of signee	

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