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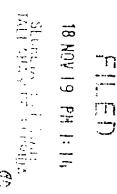
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DEC - 1 INE T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lucicono George Consulting LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luciano Gomez Name of Person
Luciano Gomez Consulting LLC
11770 St. Andrews Place APt. #103
City/State and Zip Code City/State and Zip Code City/State and Zip Code F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LUCISMO GOMEZ at (859) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Compan (A Florida Limited Li	y as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company $\sqrt{18000161263}$	were filed on $07/02/20)8$ and assigned
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 Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11770 St. Andrews Place AP1. #10 Wellington, FL 33414
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 177	O St. Andrews Place Azt. # 103 Enter Florida street address
<u>Wellin</u>	Sciry Florida 3344 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 compa. y 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
AMBR	Luciano Gomez	11770 St. Andrews Pl. #10 Wellington, FL 33411	<u>13</u> ¤ (Add
		Wellington, FL 33411	☐ Remove
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Signature of a member or authorized representative of a member Ciaco Comez Typed or printed name of signee	Dated	
Typed or printed name of signee		
Typed or printed name of signee		
		WUCKON (DOME)-

Filing Fee: \$25.00