L18000178529

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COVER LETTER

Division of C	Corporations		
JLR Cor SUBJECT:	nsulting PLLC		
·	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Josephine Laquis Rodrigue	ez.	
		Name of Person	
	JLR Consulting PLLC		
		Firm/Company	
	5412 East Leitner Drive		
	-	Address	
	Coral Springs		
	FI 33067	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further informatio	on concerning this matter, please c	all:	
Josephine L. Rodrigu	ıez	954 856-4588 at ()	
Nan	ne of Person		Telephone Number
Enclosed is a check fe	or the 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

2010 NOV -1 P 12:43 JLR Consulting PLLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 2, 2018 Florida document number 1.18000178529 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Josephine Laquis Rodriguez Name of New Registered Agent: 5412 East Leitner Drive New Registered Office Address: Enter Florida street address , Florida 33067 Zip Code Coral Springs

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>	Address	Type of Action
AMBR	David Dominiak	3666 CoCo Lake Drive	
		Conseque Const. II 22072	Add
•		Coconut Creek, Fl 33073	Remove
			<u> </u>
•			Change
AMBR	Anthony Rodriguez	5412 E Leitner Drive	
		Coral Springs, Fl 33067	
			■ Remove
			□ (Y
	Sebastian Rodriguez	5412 Fast Leitner Drive	Change
AMBR			
		Coral Springs, Fl 33067	
		 	■ Remove
			☐ Change
			_
			Remove
			Change
			Add
		Remove	
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ective date, if other than the effective date is listed, the date mu	: date of filing: st be specific and cann	ot be prior to dat	e of filing or more th	(optional) an 90 days after filing.) P	ursuant to 605.020
te: If the date inserted in this barrier is effective date on the E			tatutory filing req	airements, this date wi	il not be listed a
	•				
record specifies a delaye		, but not an	effective time	at 12:01 a.m. or	the earlier o
he 90th day after the red	ord is filed.				
October 17	20)18			
ed	<u></u>	· ·			

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Typed or printed name of signee

Filing Fee: \$25.00