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1ECRETARY OF STATE

TALL ALLASSES

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COVER LETTER

TO: Registration S Division of Co				
	CONSULTING FIRM LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Cristian Leiros			
	-	Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Leiros Consulting Finn	i Lic.	SECRI TAL	7023 AUG
		Firm/Company	E TA	සි 🚣
	3362 SW 28 Terrace		ന [™]	AUG 16 PM 3
		Address	iu∾ m_u	
	Miami, FL 33133		FL	ယ္ ပ မ
		City/State and Zip Code		
	cristian@leirosconsulting.c			
	E-mail address: (to be used for future annual report not	fication)	
For further information	concerning this matter, please c	all:		
Cristian Leiros		305 7662002 at ()		
Name	of Person		ne Telephone Number	-
Enclosed is a check for	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 Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection	
•	Corporations	Division of Co		
P.O. Box 63	27	The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEIROS CONSULTING FIRM, LLC	v as it now appears on our re	cords.)
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 09/10/2018	and assigned
Florida document number L18000215000		
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liabil	ity company here:	
Capital & Trust Consulting Group LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation	"LLC" of the appreviation "L.L.C."
Enter new principal offices address, if applicable:	First IUC.	KE IS
(Principal office address MUST BE A STREET ADDRESS)		一页 6
		- Sep 2 0
		3: 3: FE, FE
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, g	enter the name of the new registered
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:		If the a second country with the

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 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
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			_ 🗆 Remove
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ffective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of fi	iling or more than 90 days after filing. Pursuant to 605	5.020
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be list	ted a
record specifies a delayed effective date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day afte	er the
d is filed.		
Dated 08/07/2023		
Signapore of a member or authorized repre		
Cignature of a member or a thorized rapes	sentative of a member	

Filing Fee: \$25.00

Typed or printed name of signee