

18000226698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

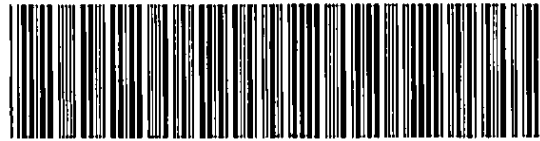
(Business Entity Name)

(Document Number)

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2018 NOV -9 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE
NOV 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT CONSOLIDICA LLC

Name of Limited Liability Company

I hereby request Action of Amendment and fee(s) and submitted for filing.

Please return all correspondence concerning this matter to the following:

CORINA A. SMITH

Name of Person

TAXCARE SOUTH MIAMI

Firm/Company

1400 NW 107TH AVE #430

Address

MIAMI, FL 33172

City/State and Zip Code

CORINA.SMITH@TAXCAREINC.COM

E-mail address (to be used for future document request notification)

For further information concerning this matter, please call:

CORINA A. SMITH

305

924-0340

Name of Person

Area Code

Daytime 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
(includes processing fees)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(includes processing fees)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Citizens Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CONSOLIDICA LLC

(Name of the Limited Liability Company, as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2018 NOV -9 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/24/2018 (Date of filing)
Florida document number L18000226698

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 "L.L.C."

Enter new principal office 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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 authorizing Authorized Person(s) authorized to members, enter the title, name, and address of each person. Enter address of removed person due to death.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMGR	JOAQUIN OLIVEIRA	1400 NW 107TH AVE #430	☒ Add
		MIAMI, FL 33172	☐ Remove
			☐ Change
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(b)* The 90th day after the record is filed.

2018

Signature of _____

FATIMA OLIVEIRA

1. 2011. 4. 2. 520 (17) 494 (17) 438 (15) 128 (16) 2011. 4. 2. 520