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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	





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18 NOV -9 PH 9: 4:

K. SALY NOV 27 2018

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Name of Lim	Onsulting 5 ited Liability Company	Services UC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		, /	
	Jes:	sica Pregos	
		Name of Person	
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		Firm/Company	
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	Poea X	Address Address Address City/State and Zip Code GOS GO GO II. Code GOS GO GO III. Code GOS GO II	3486 Da
For further information cor	E-mail address; to		ification)
Dessus	VAIGAS	at (<u>⊃7/)</u> 992 Area Code Daytin	7 4482
Name of I	erson	Area Code Daytin	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 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

18 NOV -9 PH 9:50

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Linne	(A Florida Limited Liability Company)	(ecorus.)
The Articles of Organization for this Limited Li Florida document number <u>L/8/00/25</u>	ability Company were filed on	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	Hing Services, LL	O THE CONTRACTOR OF LOW
Enter new principal offices address, if applications of the distinguishable and contain the wife in the mean principal office address MUST BE A STREE	able: ————————————————————————————————————	TLLC of the appreviation T.L.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
B. If amending the registered agent and/registered agent and/or the new registered of	fice address here:	cords, enter the name of the new
Name of New Registered Agent:		10 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19
New Registered Office Address:	Enter Florida street Polea Rafors City	, Florida

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>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00