119000097450

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

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COVER LETTER

	istration Se ision of Cor					
ALID IE AVE	NM Consul	ting Pro LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Nicolas Misutshin				
			Name of Person	-		
		NM Consulting Pro LLC				
			Firm/Company			
		300 SE 2nd St. #600				
		Address				
		Fort Lauderdale Florida 33	301			
		City/State and Zip Code				
		info@nmconsultingpro.con				
For further in	nformation c	n-mail address: (to be used for future annual report noti	fication)		
Nicolas Mist		oneering this matter, preuse e	561 463-8360			
	Name o	C Parcon	at ()	e Telephone Number		
	Name o	reison	Alea Code Dayiiii	e Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	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)		
	iling Addres gistration S		<u>Street Address:</u> Registration Sec	ction		
Division of Corporations		Division of Corporations				
_). Box 632 lahassee, f		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

NM Consulting Pro LLC

company has been notified in writing of this change.

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(Name of the Lim	ited Liability Company a (A Florida Limited Liab	is it now appears on lity Company)	our records.) TALLAHASSEE. I	1:,.
The Articles of Organization for this Limited Florida document number L19000097450	Liability Company we			
This amendment is submitted to amend the fo	llowing:			
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 design	nation "LLC" or the abb	reviation "L.IC."
Enter new principal offices address, if appli	icable: _			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	- FROY)			
Maning universe MAT BE A TOST OFFICE				
	_			
B. If amending the registered agent and/or agent and/or the new registered office addr		ress on our recor	ds, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	same			
New Registered Office Address:	300 SE 2nd St. #60	0		
		Enter Florida s	treet address	
	Fort Lauderdale		, Florida 333.	301
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
l hereby accept the appointment as register provisions of all statutes relative to the pro				

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

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
_	Nicolas Misutshin	300 SE 2nd St. #600, Fort Lauderdale FL, 33301	= Add
		5820 A Funston Street, Hollywood FL, 33023	=Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	□Remove
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an et <u>ote:</u>	ive date, if other than the date of filing:
recor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
انمان	06/02/2019
ated	
	//w/lm/
	Signature of a member or authorized representative of a member
	,