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TO:

Registration Section

Division of Corporations CHESNUT CONSULTING COMPANY, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA TERESA ARANGO Name of Person Firm/Company 9764 NW 45TH LANE Address DORAL, FL. 33178 City/State and Zip Code MTARANGO@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 MARIA TERESA ARANGO Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$55.00 Filing Fee & □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHESNUT CONSULTING COMPANY, LUC (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 ${}^{APRIL\ 16\ 2019}$ and assigned Florida document number _____L19000104107 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHESTNUT CONSULTING COMPANY, LLC 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City 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

Page 1 of 3

	g Authorized Person(s) authorized to m I from our records:	anage, enter the title, name, an	nd address of each person being adde
MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	05/22/2019.
	Signature of a member or authorized representative of a member
	MARIA TERESA ARANGO
	Typed or printed name of signee

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Filing Fee: \$25.00