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FLORIDA IN-HOUSE COUNSEL

Div	ision of Corp	porations		
SUBJECT:	OLMEC ST	RATEGIC CONSULTING, I.	t.C	
30031.01.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Roberto Santoni		
			Name of Person	
		Santoni Law, P.A,		
			Firm/Company	
		941 Lake Baldwin Lane, S	uite 100	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Orlando, Florida 32814		
		rsantoni@fihelawgroup.con	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Roberto San	toní		407 233-3490 at ()	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	ı check for th	e following amount:		
■ \$25.00 F	iling 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



TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OLMEC STR.	ATEGIC.	CONSUL	TING.	[.]	C
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(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 Comp	pany were filed on 04/17/2019 LATIASCEL A LOTTOR and assigned
Florida document number L19000105709	and
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 I	.iability 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	5)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, enter the name of the ne here:
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Ag	
provisions of all statutes relative to the proper and comp.	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address. I hereby confirm that the limited liability
	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 Melissa Schouten	Address 1333 CORNERSTONE COURT	Type of Action
AR		ORLANDO, FL 32835	Add
			■ Remove
			Change
AMBR	Olivier Schouten	1333 CORNERSTONE COURT ORLANDO, FL 32835	_ ■ Add
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated May 10 2019 Way 10 2019				-			_
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Typed or printed name of signee

Filing Fee: \$25.00