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| (Requestor's Name)   |
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| (City/State/Zip/Phone #)                                       |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)   |
| (Document Number)  |
| Certified Copies Certificates of Status                        |
| Special Instructions to Filing Officer: J. HORNE               |
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March 24, 2023

MARICELA RODRIGUEZ 4875 NW 178 TE MIAMI GARDENS, FL 33055 US

SUBJECT: DR. MARY BUSINESS CONSULTING "LLC"

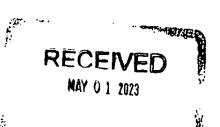
Ref. Number: L19000182744

We have received your document for DR. MARY BUSINESS CONSULTING "LLC", however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II



Letter Number: 323A00006790

## COVER LETTER

| TO;                     |         | istration Sec<br>ision of Corp |  |   |   |  |
|-------------------------|---------|--------------------------------|--|---|---|--|
| C13 123 00              |         |                                | BUSINESS CONSULTING                              | T.I.C**   |   |  |
| SUBJE                   | sc i:   |                                | Name of Lim.                                     | ited Liability Company  |   |  |
| The enc                 | closed  | Articles of A                  | Amendment and fee(s) are sub                     | mitted for filing.  |   |  |
| Please                  | return  | all correspor                  | ndence concerning this matter                    | to the following:   |   |  |
|                         |         | MARICELA RODRIGUEZ             |  |   |   |  |
|                         |         |                                |  | Name of Person  |   |  |
|                         |         | : 05                           |  |   |   |  |
| 1                       |         |                                | Firm/Company                                     |   |   |  |
|                         |         |                                | 4875 NW 178 TE                                   |   |   |  |
|                         |         |                                | Address  |   |   |  |
| •                       |         | 2023                           | MIAMI GARDENS FL 33                              |   |   |  |
| maraideonsultingservice |         |                                |  | City/State and Zip Code   |   |  |
|                         |         |                                | <del>-</del>                                     | to be used for future annual report not                                   | ification)  |  |
| For fur                 | ther ii | iformation co                  | oncerning this matter, please co                 | all:  |   |  |
| Mary                    | Ps .    | Juguez                         |  | 786 267-7222  |   |  |
| Name of Person          |         |                                | Person   | Area Code Daytin  | ne Telephone Number   |  |
| Enclos                  | ed is a | check for th                   | e following amount:                              |   |   |  |
| ±8 53                   | 5.00 F  | Filing Fee                     | 13 \$30.00 Filing Fee &<br>Certificate of Status | 口 \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Fiting Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
|                         |         | iling Address                  |  | Street Address:   | nation  |  |
|                         | Div     |                                | orporations                                      | Registration Se<br>Division of Co   | prporations   |  |
|                         |         | ). Box 632'<br>Ilahassee, F    |  | The Centre of 2415 N. Monre   | Tallahassee<br>oe Street, Suite 810   |  |
|                         | r di    | nanassee, f                    | 17 2621년   | Tallahassee, F  |   |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## DR, MARY BUSINESS CONSULTING "LLC"

(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 <u>07/16/2019</u> | and assigned                            |
|---|---------------------------------|---|
| Florida document number 1.19000182744   |                                 |   |
| This amendment is submitted to amend the following:   |                                 |   |
| A. If amending name, enter the new name of the limited liab   | ility company here:             |   |
| Maraid Consulting Services "LLC"  |                                 |   |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation  | on "L.L.C" 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 a agent and/or the new registered office address here: | address on our records.         | enter the name of the new registered    |
| Name of New Registered Agent:   |                                 |   |
| New Registered Office Address:  |                                 |   |
|   | Enter Florida stroc             | t address                               |
|   |                                 | , FloridaZιρ Code                       |
|   | City                            | Zıp Code                                |
| New Registered Agent's Signature, if changing Registered Agent:   |                                 |   |
| Thereby accept the appointment as registered agent and agr  | ee to act in this capaci        | ty. I further agree to comply with the  |

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 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 <i>≔</i> | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address  | Type of Action |
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| <b>Tective date, if other than the da</b> an effective date is listed, the date must be the content of the date inserted in this block incument's effective date on the Department. | k does not meet i  | the applicable:  | <b>2023</b> e of filing or more statutory filing r | (opt<br>than 90 days afte<br>equirements, th | ional)<br>rr tiling.) Pursuant t<br>is date will not b | o 605.0207<br>e fisted as |
|   | late, but not an e | ffective time, a | t 12:01 a.m. on                                    | the earlier of: (                            | b) The 90th day  | after the                 |
|   |                    |                  |  |  |  |                           |
| is filed.   | 21                 | )23              |  |  |  |                           |
| is filed.  ated   |                    | 116              |  |  |  | _                         |
| ated  | gnature of a memt  | 116              | representative of                                  | a member                                     |  |                           |