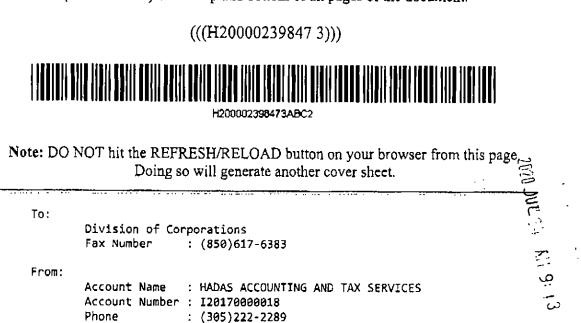
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



: (305)221-3810

: (305)222-2289 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hadastaxeservices Ugmail.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CONSAN COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	#5
Estimated Charge	\$25.00

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consan Company LLC

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:

	BLANCA L LACAYO		•
		Name of Person	
	HADAS ACCOUNTING	AND TAX SERVICES	
	·	Firm/Company	
	210 SW 107TH AVE		
		Address	
	MIAMI, FL 33174		
	·	City/State and Zip Code	
	hadastaxeservices@gmail.c	om	
	E-mail address:	to be used for future annual report	notification)
For further information of	oncerning this matter, please o	all:	
Blanca L Lacayo		305 222-2289	
Name o	f Person	Arca Code Day	nime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

July 24, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CONSAN COMPANY, LLC 17113 MIRAMAR PARKWAY 205 MIRAMAR, FL 33027

SUBJECT: CONSAN COMPANY, LLC

REF: L19000202424

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's date of incorporation/organization must be listed in the document.

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.

See Attached.

Susan Tallent Regulatory Specialist II FAX Aud. #: H20000239847 Letter Number: 720A00013924

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSAN COMPANY, LLC	
(Name of the Limited Liability Company a (A Florida Limited Liab	es it now appears on our records.) Ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L19000202424	re filed on 8-8-2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	v company here:
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:	1
(Mailing address MAY BE A POST OFFICE BOX)	至.
	9:
-	- Co
B. If amending the registered agent and/or registered office address here:	ress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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	Address	Type of Action
MGR	Vanessa C Rojas Sanchez	14225 SW 121 PLMIAMI, PL 33186	BAdd
			□Remove
			DChange
MGR	Nelson E Perez Lopez	14225 SW 121 PLMIAMT, FL 33186	= Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			©Remove
			Change
	-		DAdd
			□ Removo
			□ Change
			□Add
			□Rėmove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
<u>te:</u> III	date, if other than the date of filing: (optional) ve 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
cd	07-23-2020.
	Signature of a member or authorized representative of a member
	Acoredia A Sanchez Typed or printed name of signee

Filing Fee: \$25.00