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SECRETARY OF STATE

118cott

COVER LETTER

TO: Registration Se				
Division at Cor		ting Group	LLC	
SUBJECT:(mited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ndence concerning this matter	to the following.		
	Giv	ISEPPE LAR	SXNX	
		Name of Person		
	_	Firm/Company		
	159	8 NC 1542	St	
	N. 1	8 NZ 1542 MiAMi Beach,	FL 33162) -
		City/State and Zip Code A GINSEPPE YK to be used for future annual report notif		
For further information co	oncerning this matter, please c		it attory)	
GINSEPA	e LAGANA	305_ S62-		
Name of	Person	Area Code Daytime	: Telephone Number	3
Enclosed is a check for th	e following amount:			8 59
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	FILED STARY OF STARY OF CORTOR
Mailing Address	<u>:</u>	Street Address:		ATIONS 155

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GL CONSULTING	GRONP LLC
(Name of the Limited Liability Compa (A Florida Limited I	ORONP LLC ony as it now appears on our records.) Liability Company.
The Articles of Organization for this Limited Liability Company Florida document number 4,000 202423	were filed on $08/08/20/9$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab VL6L GROUP L The new name must be distinguishable and contain the words "Limited Liabi	4C
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST ()FFICE BOX)	N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: N	*************************************
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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			Remove
			□Change
		🗆 Add	
		□Remove	
			□Change
		□Add	
			□Remove
			□Change
		:	
			□Remove
			Change

	NONE
•	
If an et <u>Note:</u>	ive date, if other than the date of filing:
ie reco ord is f	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.
Dated	MARCH 15th 2020
	Signature of a member or authorized representative of a member
	Signature of a incliner of authorized representative of a member
	GIUSEPPE LAGANA

Filing Fee: \$25.00