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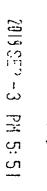
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SUBJECT:	FAGUNDE	Z CONSULTING LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	ill correspo	ndence concerning this matter	to the following:	
		Ivan R Fagundez Rodrigue	z	
		Fagundez Consulting LLC	Name of Person	
		14211 SW 88th St Apt E20	Firm/Company	
		Miami, Fl 33186	Address	
		ivanr84@gmail.com	City/State and Zip Code	
For further inf	ormation co	E-mail address: (i oncerning this matter, please ea	to be used for future annual report notifiall:	ication)
Ivan R Fagun	dez Rodrigi	ег	305 965-2642 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fii	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fagundez Consulting LLC

(Name of the Limited Liability Company as it now appears on our records.)

PH 5: 5

(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  $\frac{08/19/19}{1}$ and assigned Florida document number \_L190002115556 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 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 1 registered agent and/or the new registered office address here: Ivan Rafael Fagundez Rodriguez Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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.

City

f 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ivan Fagundez	14211 SW 88th St Apt E207	🖸 Add
	<del></del>	Miami, Fl 33186	<del> </del>
			■ Remove
			Change
AMBR Iva	Ivan Rafael Fagundez Rodriguez	14211 SW 88th St. Apt E207	
		Miami, Fl 33186	
			Remove
			Change
			Remove
			Change
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(If an <u>Not</u>	ctive date, if other than the date of filing:
(b) TI	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier needs the record is filed.
Date	d Avaust 28 2019
2	Signature of a member or authorized representative of a member
	Singuis of a mamber or authorized consequentative of a mamber
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00