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C.V.

COVER LETTER

N AND S SERVICES CONSULTING LLC SUBJECT: 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: JOSE S LIRA Name of Person N AND S SERVICES CONSULTING LLC Firm/Company 815 NE 19 AVE APTO 8 Address FORT LAUDERDALE, FL 33304 City/State and Zip Code eveservicesconsulting@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSE S LIRA 5233884 786 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

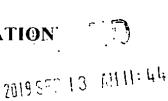
> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AKTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION



N AND S SERVICES 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 I	Liability Com	pany were filed on $\frac{08/21}{2}$	/2019 and assigned
Florida document number L19000213681	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	l liability company here	:
N/A			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRES	<u> </u>	
•			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
			<u>_</u>
B. If amending the registered agent and registered agent and/or the new registered of	• • •		ur records, enter the name of the
registered agent and of the new registered to	onice addres	<u>s nere</u> .	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida	street address
	N/A		, Florida N/A
		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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	PEREZ, WILLIAM	815 NE 19 AVE APTO 8	
			Add
		FORT LAUDERDALE, FL 33304	
			Remove
		-	
			Change
N/A	N/A	N/A	
		N/A	
			D D
		N/A	Remove
			Change
	N/A		d change
N/A			
			Remove
			□ Change
			Remove
			-
			Change
		·	U Xdd
			□ Remove
			□ Change
			-
			Remove
			Change

	ADD PARTNER
	.
•	
•	
->	09-09-2019
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	SEPTEMBER 09 2019
	tose Liea
	Signature of a member or authorized representative of a member
	JOSE S LIRA
	Typed or printed name of signee

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Filing Fee: \$25.00