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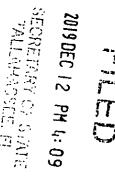
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COVER LETTER

TO:

Registration Section

Division of Corporat	ions		
SUBJECT: MVU (Consulting Name of Limit	Services, Lued Liability Company	-C
The enclosed Articles of Amer	idment and fee(s) are subm	nitted for filing.	
Please return all correspondence	e concerning this matter to	o the following:	
_	Maria Vai	nessa Urrea Name of Person	
(additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Certified Copy (additional copy is enclosed) Street Address: Registration Section			
_	8980 SW	56 Street	
_	Miamin	F-L. 33165 City/State and Zip Code	
_	Vaneur	reave e gmail	(cation)
For further information concer			
Miami, I-L. 33165 City/State and Zip Code Vaneurreave e qmail. am E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Maria Vanessa Urrea at (786) 901-0155 Name of Person at (786) Daytime Telephone Number nclosed is a check for the following amount: P\$25.00 Filing Fee \$\Bigsim \$30.00 Filing Fee & Certificate of Status & Certifica			
	Maria Vanessa Urrea Name of Person MVU Consulting Services, LLC Firm/Company 8980 SW 56 Street Address Miami, I=L. 33165 City/State and Zip Code Vaneurreave @ gmail. Com E-mail address: (to be used for future annihal report notification) erning this matter, please call: SSA Urrea at (786) 901-0155 Area Code Daytime Telephone Number Sillowing amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Sirrest Address: Registration Section Division of Corporations The Centre of Tallahassee		
Enclosed is a check for the following	lowing amount:		
₹25.00 Filing Fee □		Certified Copy	Certificate of Status & Certified Copy
	rations	Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MVIII Consulting Services 110

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office address on our records,	enter the name of the new registere
Enter Florida street	address
	_, Florida
City	Zip Code
	Company as it now appears on our Limited Liability Company) ompany were filed on Octob company were filed on the designation of the designation

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
AMBR	Maria Vanessa Urrea	8980 sw 56 st. Niawi Fl 33165	Endd
			□Remove
			Change
			□Add
			□Remove
			Change
			Change PAdd
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effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after. If the date inserted in this block does not meet the applicable statutory filing requirements, the ment's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. on the e	earlier o
December 3, 2019		
Maneria.		
Signature of a member or authorized representative of a member Maria Vanes sa Urrea. Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00