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(Requ	iestor's Name)	
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COVER LETTER

TO: Registration Secti Division of Corpo			<i>t</i>
SUBJECT: G.A.	Consulting	Group LLC	<u></u>
	(value of samue	A Company	
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	<u>Gina</u> Sa	o thiogo De A	<u> Yauto</u>
		Firm/Company	
	1170 NW	14 . 1 . A	05
	<u> Miami</u>	FL 33136 City/State and Zip Code	
	GA67. Consu	th marous @9m. be used for deture and ual report notifice	ail.com
For further information con-	cerning this matter, please cal	-	,
Gina Soo th	iogo de Arauso	at (<u>186</u>) <u>300 –</u> Area Code Daytime T	6767 eleptione Number
Enclosed is a check for the	following amount:		
X \$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)
Mailing Address: Registration Section of Corp.O. Box 6327	porations	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations lahassee
15	er erige	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G. A. Consulting	Group L	LC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	Liability Company)	s on our records.)	201	
The Articles of Organization for this Limited Liability Compar	y were filed on	1/13/2019	and assigned 1	<u>-1</u>
Florida document number <u>L 19 000 283 274</u>				. *
This amendment is submitted to amend the following:			3	1 <u>1</u>
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	7: 27	
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the de	esignation "LLC" or the ab	breviation "L.L.C."	_
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)				_
		· <u></u>		_
Enter new mailing address, if applicable:		<u> </u>		_
(Mailing address MAY BE A POST OFFICE BOX)				
				_
B. If amending the registered agent and/or registered office	e address on our re	ecords, enter the nam	e of the new regist	tere
agent and/or the new registered office address here:	. ••			
Name of New Registered Agent:	<u> </u>			_
New Registered Office Address:				<u>.</u>
	Enter Flori	ida street address		
		Florida		_
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
I hereby accept the appointment as registered agent and as				i the
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a				S
heing filed to merely reflect a change in the registered office	-	='	-	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Gina Saothiago De	AY <u>QUJO</u>	□ Add
		1170 NW 11th St APT 60	OS □Remove
		<u>Miami, FC 33136</u>	X Change
			🗆 Add
			Remove
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ctive date, if	other than th	e date of filin	g:	A. Land Cilian	(0)	ptional)	to 605 N
e: If the date i	nserted in this b	olock does not i	meet the appli	cable statutory t	or more than 90 days a iling requirements.	this date will not b	e listed
ument's effecti	ve date on the I	Jepartment of :	State's records				
cord specifies a	delayed effecti	ve date, but no	t an effective t	ime, at 12:01 a.	m. on the earlier of	(b) The 90th da	y after t
filed.							
ed July	16		3020)			
<u> </u>		07	. 2020 Wilmalpoold				
		morky	en the afodic	norized represents	tive of a member		_
		Signature of a	member or ann	Average to the contraction	CITE OF WILLIAM		

Filing Fee: \$25.00