## L200000 23/05

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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
		C CONSULTING UNIVERS.	AL GROUP LLC	
SUBJEC	T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	aum all correspo	ndence concerning this matter	to the following:	
		CARLOS R TINOCO		
			Name of Person	
		STRATEGIC CONSULTI	NG UNIVERSAL GROUP LLC	
			Firm/Company	
		8536 SW 94TH STREET		
			Address	
		MIAMI, FL 33156		
			City/State and Zip Code	<del></del>
		CTINOCO@MSN.COM		
For furth	er information c	e-mail address: (	to be used for future annual report no all:	uncanony
CARLO	S R TINOCO		305 742-3332	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■</b> \$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 S		Street Address: Registration S	ection
Registration Section Division of Corporations			Division of Co	
For furth CARLOS Enclosed	P.O. Box 632	7	The Centre of	
	Tallahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on 1-15-2020 an Florida document number L20000023105  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	d assigned
This amendment is submitted to amend the following:	
· ·	
A. If amending name, enter the new name of the limited liability company here:	
A. It amending name, enter the new name of the limited habitiv company nere.	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable: 8536 SW 94TH STREET	~
(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33156	20 \$
Enter new mailing address, if applicable:  8536 SW 94TH STREET	<u>→</u> []
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33156	<u> </u>
	ယ <del></del>

## 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
MGR	CARLOS E. TINOCO LEMOINE	1395 SOUTH OCEAN BOULEVARD APT 204	□Add
		MIAMI, FL 33062	■Remove
			□Change
AMBR	CARLOS R. TINOCO	8536 SW 94TH STREET	<b>=</b> Add
		MIAMI, FL 33156	□Remove
			Change
	<del> </del>	F-3 F-3 F-3	
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an effective date is listed, the date must be specific and can lote: If the date inserted in this block does not meet	not be prior to	o date of tilir	ig or more tha	n 90 days aft	er tiling.) Pu	rsuant to	605.0207
ocument's effective date on the Department of State	's records.	one sintutor	y ming requ	nonienta, ti	ns date wit	i ikot be	nsteu as
record specifies a delayed effective date, but not an e Lis filed.	effective tin	ne, at 12:01	a.m. on the	earlier of: (	(b) The 90	)th day a	ifter the
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Oated AUGUST 3 20 Signature of a memb	ber or author	Tzed represe	ntative of a m	ember			-

Filing Fee: \$25.00