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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	T: U & O Consulting Services LLC  Name of Limited Liability Company	
30001	Name of Limited Liability Company	
The en	osed Articles of Amendment and fee(s) are submitted for filing.	
Please	urn all correspondence concerning this matter to the following:	
	EIKE UIIOQ	
	Name of Person	
	U10 Consulting Service CLC	
	12464 NW 62C+ Address	
	Coral Springs, FL 33076  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	τ information concerning this matter, please call:	
į	IKE D110a a1954, 6956760	
	Name of Person Area Code Daytime Telephone Number	<del></del>
Enclose	is a check for the following amount:	
\$ \$25	0 Filing Fee Solution Status Solution Status Solution Sol	l Status & Ca
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeCallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	711 ED API IN P 2:39

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Consulting Services, LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liability  Torida document number <u>LAQQOOO559</u> This amendment is submitted to amend the following	<u>14</u> .	and assig	ned
a. If amending name, enter the new name of the			
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbi	reviation "L.L.	<del></del>
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DDRESS)	<u> </u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registegent and/or the new registered office address her	ered office address on our records, enter the name	of the new 1	registe
Name of New Registered Agent:			
New Registered Office Address:			
Ten regimeres vines realists.	Enter Florida street address		
	Florida	2021	·
lew Registered Agent's Signature, if changing Regist	City	Zip Gode	1
hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agre d complete performance of my duties, and I am fa d agent as provided for in Chapter 605, F.S. Or, if tered office address, I hereby confirm that the limi	e to comply miller with, This docum	and ent is

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
Manager	U1109, Denni Xavier	12464 NW 62 Ct.	□Add
		12464 NW 62 Ct.  Coral Springs, FL 33076	XRemove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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ective date, if other than the date	e of filing:	(optional)
effective date is listed, the date must be sp	pecific and cannot be prior to date of filing or more than 90 loes not meet the applicable statutory filing requires	0 days after filing.) Pursuant to 605.020
aument's effective date on the Departi		money, this diffe will not the model
cord specifies a delayed effective date s filed.	e, but not an effective time, at 12:01 a.m. on the ear	( '
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ed April 9	2021	1021 APR 14
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Signi	ature of a member or authorized representative of a mem	