## L20000143817

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SECRETARY OF STAFE

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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

073 CON	SULTANCY LLC		
3003Ee1	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	XXXX ELO		
		Name of Person	
	073 CONSULTANCY LL	С	
		Firm/Company	
	2022 NW 1ST COURT		
		Address	
	MIAMI, FL 33127		
		City/State and Zip Code	
	XXXXELO@GMAIL.COM	М	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
XXXX ELO		321 499-5086 at ( )	
Namo	e of Person		c Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adda Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

073 CONSULTANCY LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) lited Liability Company)	-
The Articles of Organization for this Limited Liability Comp	oany were filed on 05/27/2020	and assigned
Florida document number L20000143817		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		1023 SEC
Enter new mailing address, if applicable:		AHE AU
(Muiling address MAY BE A POST OFFICE BOX)		NSS -
		Me z II
		55 9 0
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
— · · · <del>-</del> ·	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 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>	<u>Address</u>	Type of Action
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