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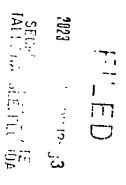
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## **COVER LETTER**

Division of Co				
Terri K Ech	narte Consulting LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Terri K Echarte			
		Name of Person		
	Terri K Echarte Consulting	LLC		
		Firm/Company		
	3000 Royal Palm Ave		AL:	2023
		Address		•
	Miami Beach, FL 33140			
		City/State and Zip Code		_ <u> </u>
	terri@terriecharte.com	City/state and 7.17 Code	<u></u>	, <del>,</del> ,
	E-mail address: (	to be used for future annual report notif	ication)	ယ်
For further information of	concerning this matter, please c	all:		
Terri K Echarte		305 <b>798-761</b> 0		
Name o	of Person	at () Area Code Daytime	: Telephone Number	_
Enclosed is a check for the	he following amount:			
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ <b>\$</b> 60.00 Filing F	ec.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	Status &
thick#0991 enclosed		(and the art copy is dichised)	(additional copy is	
•				
Mailing Address Registration 3	<del></del>	Street Address: Registration Sec	tion	
Division of C		Division of Corp		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terri K Echarte Consulting LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	ur records <u>.</u> )	
The Articles of Organization for this Limited Liability Compar	ny were filed on	20	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designat	tion "LLC" or the abbre	eviation "L.IC."
Enter new principal offices address, if applicable:			- 2
Principal office address MUST BE A STREET ADDRESS)			23
		;;; -	
Enter new mailing address, if applicable:	<del></del>		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<u> </u>
		<u>_</u> <u>_</u>	· မ 
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	is, <u>enter the name</u>	of the new regist
Name of New Registered Agent:			···
New Registered Office Address:			
	Enter Florida str	vet address	
	Circ	, Florida	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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	Guillermo Echarte	3000 Royal Palm Ave, Miami Beach, FL 33140	<b>=</b> Add
		<del></del>	□Remove
			□Change
			<b>=</b> Add
			□Remove
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