# L20000218093

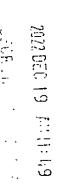
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Co			
	MD CONS	ULTING GROUP SERVICES	LLC	•
SUBJE	ECT:			•
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		KIM SUPERGAN		
			Name of Person	<del></del>
			Firm/Company	
		PO BOX 592894		
			Address	292 13
		ORLANDO FLORIDA 32	825	2672 050 19
		MDCONSULTINGGROUP	City/State and Zip Code SERVICES@GMAIL.COM	19
		E-mail address: (	to be used for future annual report notif	ication)
		oncerning this matter, please ca	all:	· · · · · · · · · · · · · · · · · · ·
KIM S	UPERGAN		321 423-4015	
· · ·	Name o	of Person	at ()	Telephone Number
Enclose	ed is a check for the	he following amount:		
<b>≡</b> \$2:	5.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company  1.20000218093  Florida document number	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L1.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		25
(Principal office address MUST BE A STREET ADDRESS)		22.6
•		5 5
		. 19
Enter new mailing address, if applicable:		777
••		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street address	
	. Flor	rida
	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>	Address	Type of Action
MGR	KIM SUPERGAN	PO BOX 592894	
			<b>©</b> Add
		ORLANDO FL 32859	
			□Remove
			□Change
MGR	MELLISSA TEJADA	PO BOX 592894	
			<b>=</b> Add
		ORLANDO FL 32859	
		CINIZATO DE JAGO	□Remove
			Псь
			DCnange
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effective date is liste e: If the date inse ument's effective of	ner than the date of add, the date must be specified in this block does date on the Departmentage of the date.	cific and cannot be pries not meet the appent of State's record	licable statutory fi ds.	r more than 90 days aft ling requirements, th	nis date will not b	be listed a
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