L20000247199

| (Ře | equestor's Name) | |
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| | | |
| (Ac | ddress) | _ |
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| | | |
| (Ci | ty/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | usiness Entity Name) |) |
| 33333333 <u>-</u> | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates of | Status |
| | | |
| Special Instructions to | Filing Officer: | |
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| | J. HÜRNE | |
| | APR 2 7 2024 | |
| | DID F. | |

Office Use Only



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COVER LETTER

| | | ion of Corp | | | |
|---------------|--------------------------------|---|--|---|---|
| CHID IVE | | MOST VAI | AUBLE CONSULTING SEA | RVICES LLC | • |
| SUBJEC | .1 | | Name of Lim | ited Liability Company | |
| The enclo | osed / | Articles of a | Amendment and fee(s) are sub | omitted for filing. | |
| Please ret | turn a | lì correspoi | ndence concerning this matter | to the following: | |
| | | | KARINA FERRERAS | | |
| | | | | Name of Person | ,,, |
| | | | MOST VALAUBLE CON | ISULTING SERVICES LL | .c |
| | | | | Firm/Company | |
| | | | 5077 NW 103RD AVE | | |
| | | | | Address | |
| | | | CORAL SPRINGS FL 330 | 076 | |
| | City/State and Zip Code | | | | |
| | | | K.SANTOS1126@GMAIL | | |
| | | | | to be used for future annual re | eport notification) |
| For furthe | er inte | ormation co | oncerning this matter, please c | all: | |
| KARINA | FER | RERAS | | at () | -6597 |
| | | Name of | Person | Area Code | Daytime Telephone Number |
| Enclosed | is a c | heck for the | e following amount: | | |
| \$25.0 | 00 Fil | ing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | Certificate of Status |
| F I I | R e gi Divi: P.O. | ng Address stration S sion of Co Box 6327 hassee, F | ection orporations 7 | Division The Cent 2415 N. | dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 sec, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 APR 15 AM 9: 49

MOST VALAUBLE CONSULTING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability | | and assigned |
|--|--|--|
| Florida document number L20000247199 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lir | nited liability company here: | |
| MOST VALUABLE CONSULTING SERVICES LLC | | |
| The new name must be distinguishable and contain the words "Li | mited 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 ADD | ORESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | the name of the new registered |
| Name of New Registered Agent: | 18 - 18 - 17 - 18 - 18 - 18 - 18 - 18 - | |
| New Registered Office Address: | | |
| New registered of free radices. | Enter Florida street oddress | s |
| | , Fle | orida Zip Code |
| <u>—</u> . | City | Zip Code |
| New Registered Agent's Signature, if changing Register | ed Agent: | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change | complete performance of my duties, an agent as provided for in Chapter 605, t red office address, I hereby confirm the | nd I am familiar with and F.S. Or, if this document is |
| | | |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | □Add |
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| IN THE LLC'S NAME. | | | |
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| | ust be specific and cannot be prior block does not meet the applic | to date of filing or more than 90 days afte able statutory filing requirements, the | |
| record specifies a delayed effecti is filed. | ve date, but not an effective ti | me, at 12:01 a.m. on the earlier of: (| b) The 90th day after the |
| | | | |
| MARCH 25 | 2024 | | |
| ated MARCH 25 | , | orized representative of a member | |

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Filing Fee: \$25.00