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Division of Corporations

Fax Number : (850)617-6383

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NRN CONSULTING GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NRN CONSULTING GROUP LLC  |   |                         |
|---|---|-------------------------|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited L   | iy us it now uppears on our records.) iability Company) |                         |
| The Articles of Organization for this Limited Liability Company vibroida document number <u>L20006333069</u>        | were filed on   | and assigned            |
| This amendment is submitted to amend the following:   |   |                         |
| A. If amending name, enter the new name of the limited liabi  | lity company here:                                      |                         |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity Company," the designation "Li,C" or the             | abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   |   |                         |
| (Principal office address MUST BE A STREET ADDRESS)   |   | <del></del>             |
|   |   |                         |
| Enter new mailing address, if applicable:   |   |                         |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                         |
|   |   | ~ <u></u>               |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the na                     | me of the new registere |
|   |   | r<br>Figs               |
| Name of New Registered Agent:   |   | <u> </u>                |
| New Registered Office Address:  |   | ٠                       |
|   | Enter Florida street address                            | (3)<br>(A)              |
|   | , Florida   |                         |
|   | Cin   | 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 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> | Name                  | Address                | Type of Action |
|--------------|-----------------------|------------------------|----------------|
| AMBR         | CULOTTA VARA, NICOLAS | \$180 NW 36 STREET 406 |                |
|              |                       | DORAL FL 33166         |                |
|              |                       |                        |                |
| AMBR         | JOAQUIN CASTELLI      | 8180 NW 36 STREET 406  |                |
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