

5/14/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000194197 3)))



H210001941973ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC
Account Number : I20200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN.
FTV CONSULTING LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

RECEIVED

2021 MAY 18 PM 2:15

RECEIVED

RECEIVED

21 MAY 18 AM 11:06

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

TH
5/19/21

850-617-6381

5/17/2021 4:01:54 PM PAGE 1/001 Fax Server



May 17, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FTV CONSULTING LLC
6710 CONGRESS AVE
APT 212
BOCA RATON, FL 33487US

SUBJECT: FTV CONSULTING LLC
REF: L21000028080

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE OFFICER PAGE IS NOT LEGIBLE

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

FAX Aud. #: H21000194197
Letter Number: 321A00010364

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FTV CONSULTING 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 Company were filed on 1/12/21 and assigned
Florida document number 121000628680

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:

(Principal office address MUST BE A STREET ADDRESS)

15805 BISCAYNE BLVD STE 201

AVENTURA, LLC 33150

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15805 BISCAYNE BLVD STE 201

AVENTURA, LLC 33150

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CSI RA LLC

New Registered Office Address:

15805 BISCAYNE BLVD STE 201

Enter Florida street address

AVENTURA

City

Florida 33160

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> | <u>Type of Action</u> |
|--------------|---------------------|-----------------------------|--|
| MGR | CUNHA, JOSE | 6710 CONGRESS AVE AP 212 | <input type="checkbox"/> Add |
| | | BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | VASCONCELLOS, FABIO | 15805 BISCAYNE BLVD STE 201 | <input checked="" type="checkbox"/> Add |
| | | AVENTURA, FL 33160 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

Page 3 of 3