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PICK-UP WAIT MAIL
(Business Enlity Name)
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COVER LETTER

10: Registration Se Division of Cor			
SUBJECT: ZM	- A CONSULTIA	36 SERVICES "LLC"	•
	Name of Lim	ited Liability Company	
The analysed Artislas of	Amendment and fee(s) are sub	mitted for filing	
		_	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSE H L	Name of Jersey	
		Incompany	
	1310 W 35	Address	
	HiAlEAH, F	L 33012 City/State and Zip Code	
	Tose Andrade E-mail address:	^ ^ 1	COVI
For further information c	oncerning this matter, please c	ail:	
Tase. M Long	F Person	at (386) 617 2 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	etion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMLA (PENSULTING SER	vices "LLC"
THLA (DESOLTING SER (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\angle 21000044512$.	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZOZI JUL 19 MI
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

Cirv

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
AHBR	JOSE. H LEREZ ANNEADES	CALLE ZARDRIAS SANCUEZ #1628 TROBATO DEL CAMINO, LEON, LESP	□Add
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