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· COVER LETTER

TO: Registration S Division of Co			
	ONSULTANTS LLC	•	-
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
}	CARMEN DOMINGUEZ		
	- V - <u> </u>	Name of Person	
1	CD PROFESSIONAL SE	RVICES, INC	
		Firm-Company	
	11011 sw 69 drive		21 FE
I		Address	B-1-3
1	Miami, FL 33173		
	carmen@cdprofessionalse	City/State and Zip Code	M21-FEB-19-PM-3:-19
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all;	
CARMEN DOMINGUE	EZ	786 493-2901	
Name o	of Person		e Telephone Number
 Enclosed is a check for t	the following amount:		
■ \$25.00 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 Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 63. Tallahassee,		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810
		Tallahassee, FL	

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRUZ CONSULTANTS. LLC

(Name of the Limited Liability (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
! The Articles of Organization for this Limited Liability Co	ompany were filed on JANUARY 28, 2021 an	d assigned
Florida document number L21000052099		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
MC CONSULTANT GROUP, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	202	<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS)	
	· - D	# [] E===::
	9	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ည်း မ	
	r: 9	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the name of th	e new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Province and Associate Street, and the second	City Zip C	ode
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and I am familia ent as provided for in Chapter 605, F.S. Or, if this	with and document is
	If Changing Registered Agent, Signature of New Registered	Agent

GR = Manager MBR = Authorized Member					
<u>e</u>	<u>Name</u>	Address	Type of Actic		
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			□Change		
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E Effective	a data if athor	than the date (of filing.			(4 .			
(If an effect <u>Note:</u> If	tive date is listed, (Tthe date inserte	than the date of the date must be specified in this block do to on the Departm	ecific and canno les not meet th	ie applicable sta	of filing or more tha tutory filing requ	(optio n 90 days after drements, this	filing.) Pu	rsuant to 605. I not be liste	.0207 ed as
If the record : record is filed		ed effective date.	but not an eff	fective time, at	12:01 a.m. on the	earlier of: (b) The 90	Oth day after	: the
Dated	2-15-	2021 Jaria							
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