H21000074329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600380070476

01/27/22--01012--021 **25.00

22 JAN 27 PM 4:44

T. MATTHEWS

FEB - 2 2022

COVER LETTER

                OB CONSULTING GROUP LLC
SUBJECT: _____
                        Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

                XAVIER F CACERES
        _____
                        Name of Person

        CACERES & COMPANY, CPA, PLLC
        _____
                        Firm/Company

        1035 SW 87 AVE
        _____
                        Address

        MIAMI, FL 33174
        _____
                    City/State and Zip Code

        omarito22@aol.com
        _____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XAVIER F CACERES   305   262-9502
_____ at (_____) _____
        Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                   (additional copy is enclosed)   Certified Copy
                                                                             (additional copy is enclosed)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OB CONSULTING GROUP LLC

22 JAN 27 PM 4:44

_____

(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 02/19/2021 _____ and assigned

Florida document number L21000074329 _____.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here:</u>

_____

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)   _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)   _____

_____

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

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

City   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, <u>Signature of New Registered Agent</u>

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OMAR BERMUDEZ	1750 NE 115TH STREET, APT 603	☐ Add
		MIAMI, FL 33181	☒ Remove
			☐ Change
AMBR	OMAR BERMUDEZ	1750 NE 115TH STREET, APT 603	☒ Add
		MIAMI, FL 33181	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   The 90th day after the record is filed.

Dated ___JANUARY 21_____ , __2022___ .

_____
Signature of a member or authorized representative of a member

OMAR BERMUDEZ   *Omar Bermudez*
_____
Typed or printed name of signee

Filing Fee: $25.00