# LZ1000090771

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	Division of Corporations			
SUBJECT: CONS	ULTING & INVESTMENTS S	SERVICES USALUIC		
10BJF.C1:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JANET SALAZAR			
		Name of Person		
		Firm/Company		
	2500 NW 79th Ave S	• •		
		Address	<del></del>	
	Doral, FI 33122			
	•	City/State and Zip Code	•	
	Ka Rivanes E-mail address: (	03806 mail. 0	O'M ification)	
For further information c	oncerning this matter, please c	ail:		
JANET SALAZAR		at (804 ) 244-8	0600	
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he 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 Address Registration		Street Address: Registration Se	ection	
Registration Section Division of Corporations		-	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### CONSULTING & INVESTMENTS SERVICES USA, 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 \_\_\_ Florida document number \_ L21000090771 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) 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, enter the name of the new registered agent and/or the new registered office address here: 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.

, Florida

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

Title	Name	Address	Type of Action
MGR	CERDENA TRISANO FRANCO	2500 nw 79th Ave Suite 121	(X) Add
		Doral, FI 33122	Remove
			□ Change
			Add
			☐ Change
			□Add
		<del></del>	□Remove
			□Add
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			☐ Change
			□Add
			□Remove
			[]Chango

). If amending any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	date of filing:
If the record specifies a delayed effective record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Doral, September 6	2022
	ignature of a member or authorized representative of a member
Janet Salazar	

Typed or printed name of signee