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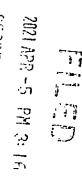
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Office Use Only



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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corp	porations "				
	RTHCONSUNTANTS LLC				
SUBJECT:	Name of Lim	nited Liability Company			
	Amendment and fee(s) are sub				
l'lease return all correspor	ndence concerning this matter	to the following:			
	PEDRO COLON JANER				
		Name of Person		*	
	DOWN2EARTHCONSUN	NTANTS LLC			
		Firm/Company			
	1004 NE 119 ST REAR			25	
		Address		2021 APC	
	BISCAYNE PARK, FL 33	3161	: -1	1	
		City/State and Zip Code		- (J1 	Ţ
	ERIKCEPERO@HOTMAI	L.COM to be used for future annual report notification)		PM 2: 11	
For further information co	oncerning this matter, please ca		:-1 :-1	 	
PEDRO COLON JANER		786 308-7185			
Name of	Person	at () Area Code Daytime Telephone	Number		-
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filertificate ertified additional	te of St Copy	
Mailing Address		Street Address:			
Registration Section		Registration Section			
Division of Co P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ars on our records.)
3/01/2021 and assigned
here:
designation "LLC" or the abbreviation "L.L.C."
202
20 270 20 1 270 271 4
P .11
records, <u>enter the name of the new regi</u>
orida street uddress
• • • • • • • • • • • • • • • • • • •

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.

City

If Changing Registered Agent, Signature of New Registered Agent

13

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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<u>te:</u> 11 tr.	s effective date on	the Department	of State's reco	rds.					
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Filing Fee: \$25.00