## L21 000 187204

| (Re                                     | questor's Name)    |             |
|---|--------------------|-------------|
| (Ad                                     | ldress)            |             |
| (Ad                                     | ldress)            |             |
| (Cit                                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | siness Entity Nar  | ne)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |

Office Use Only



800367665438

06/09/21--01015--019 \*\*25.00

2021 JUN -9 PH 2: 28

D BRUCE JUL 12 2021

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

| CHRISDA<br>SUBJECT:                           | CONSULTING LLC                                  | •  |   |  |  |
|---|---|--|---|--|--|
| NOBJECT:                                      | Name of Lin                                     | aited Liability Company  | _   |  |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub                    | emitted for filing.  |   |  |  |
| Please return all correspo                    | ondence concerning this matter                  | to the following:  |   |  |  |
|   | BRAULIO CASTRO                                  |  | ·   |  |  |
|   |   | Name of Person   |   |  |  |
|   | CHRISDA CONSULTING LLC                          |  |   |  |  |
| Firm/Company                                  |   |  |   |  |  |
|   | 3921 SW 192ND TER                               |  |   |  |  |
|   |   | Address  |   |  |  |
|   | MIRAMAR, FL 33029                               |  |   |  |  |
|   | <del></del>                                     | City/State and Zip Code  |   |  |  |
|   | MEXICAN0326@GMAIL.                              |  |   |  |  |
|   | E-mail address: (                               | to be used for future annual report notification)                                  | _   |  |  |
| For further information e                     | oncerning this matter, please c                 | all:   | 202   |  |  |
| BRAULIO CASTRO                                |   | 305 318-8753   | 2021 JUN -9 PH  |  |  |
| Name o  | f Person  | Area Code Daytime Telephone Num  | ber ### 1   |  |  |
|   |   |  | PH  |  |  |
| Enclosed is a check for the                   | he following amount:                            |  |   |  |  |
| ■ \$25.00 Filing Fee                          | ☐ \$30.00 Filing Fee &<br>Certificate of Status | Certified Copy Certificational copy is enclosed) Certificational copy is enclosed) | Filing Fee. Sicate of Status & led Copy and copy is enclosed) |  |  |
|   |   |  |   |  |  |
| Mailing Address:                              |   | Street Address: Registration Section   |   |  |  |
| Registration Section Division of Corporations |   | Division of Corporations   |   |  |  |
| P.O. Box 6327                                 |   | The Centre of Tallahassee  |   |  |  |
| Tallahassee, FL 32314                         |   | 2415 N. Monroe Street, Suite 810   |   |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limi   | ited Liability Company as it now appea<br>(A Florida Limited Liability Company) | rs on our records.)          |                        |
|---|---|------------------------------|------------------------|
| The Articles of Organization for this Limited I<br>Florida document number L21000187204 | _iability Company were filed on   | 04/22/2021                   | and assigned           |
| This amendment is submitted to amend the fol  | lowing:   |                              |                        |
| A. If amending name, enter the new name of  | of the limited liability company h  | ere:                         |                        |
| 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 appli   | cable:  |                              |                        |
| Principal office address MUST BE A STRE   | ET ADDRESS)   |                              | <u> </u>               |
|   | <del> </del>  | <u> </u>                     | <u> </u>               |
| Inter new mailing address, if applicable:   |   |                              |                        |
| Mailing address MAY BE A POST OFFICE  | BOX)  |                              |                        |
|   |   | <del></del> -                |                        |
| 3. If amending the registered agent and/or gent and/or the new registered office addre  |   | records, <u>enter the na</u> | me of the new regis    |
| Name of New Registered Agent:   | SUSANA CASTRO   |                              |                        |
| New Registered Office Address:  | 3921 SW 192ND TER   |                              | 77 P                   |
|   |   | orida street address         | · ~ ~                  |
|   | MIRAMAR   | , Florida                    | 33029. ↑>><br>Zip Code |

## New Registered Agent's Signature, if changing Registered Agent:

CHRISDA CONSULTING LLC

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, Signature of New Registered Agent

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>   | <u>Address</u>                     | Type of Action |
|--------------|---------------|------------------------------------|----------------|
| MGR          | SUSANA CASTRO | 3921 SW 192ND TER MIRAMAR FL 33029 |                |
|              |               |                                    | □ Remove       |
|              |               |                                    |                |
|              |               |                                    | □Add           |
|              |               |                                    | □Remove        |
|              |               |                                    | □Change        |
|              |               |                                    |                |
|              |               |                                    | □Remove        |
|              |               |                                    | □Change        |
|              |               |                                    | Remove         |
|              |               |                                    | ☐Change        |
|              |               |                                    | □Remove        |
|              |               |                                    | □ Change       |
|              |               |                                    | □Add           |
|              |               |                                    | □Remove        |
|              |               |                                    | □ Change       |

Typed or printed name of signee