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COVER LETTER

	Registration S Division of Co					
SUBJEC	FALERO (CONSULTING LLC		•'		
SOBJEC	·	Name of Lin	nited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		JOHN NAVARRO				
			Name of Person			
		JOHN A, NAVARRO, P.	١.			
			Firm/Company			
		150 S PINE ISLAND DR.	SUITE 300			
		<u> </u>	Address			
	PLANTATION, FLORIDA 33324					
City/State and Zip Code					2021 AUG -2 SEGNE FIN	-I
		JOHN@JOHNANAVARR			-2	.,
For furthe	r information c	E-mail address: (concerning this matter, please c	to be used for future annual report notification))	P	1
JOHN NA	VARRO		954 445-7401 at ()		1: 23	
	Name o	f Person	Area Code Daytime Teleph	none Number		
Enclosed i	s a check for th	ne following amount:				
\$25.00	9 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certified (e of Status &	
R	Tailing Addres Logistration S	Section	Street Address: Registration Section			
	Division of C LO. Box 632		Division of Corporation			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Complete Florida document number	pany were filed on	5/24/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	S)		2
·			700
Inter new mailing address, if applicable:			7
Mailing address MAY BE A POST OFFICE BOX)			P 1
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B. If amending the registered agent and/or registered off	fice address on our rec	ords, enter the n	、記。の ame of the new regist
gent and/or the new registered office address here:			or the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		171 a a t - 1 a	
 -	City	Florida	Zip Code

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

FALERO 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 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>	Name	Address	Type of Action
MGR	MARTHA FALERO	1636 NW 113TH STREET	□Add
		PEMBROKE PINES, FL 33026	□Remove
			■ Change
AMBR	MARTHA FALERO	1636 NW 113TH STREET	= Add
		PEMBROKE PINES, FL 33026	□Remove
			□Change
			
			Remove 1021 AJ6hangel
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Effective date, if other the fan effective date is listed, the content of the fact of the fact of the date inserted in document's effective date or	ate must be specific and this block does not m	cannot be prior to date eet the applicable st	of filing or more than 90 of tiling or more than 90 of tutory filing requirem	(optional) days after filing.) Pursi ents, this date will r	uant to 605.0207 (tot be listed as t
record specifies a delayed of is filed.	effective date, but not	an effective time, at	12:01 a.m. on the earli	er of: (b) The 90th	n day after the
Dated		2021			
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