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TO:

Tallahassee, FL 32314

	Registration Se Division of Cor					
SUBJEC"		CONSULTING LLC				
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	um all correspo	ondence concerning this matter	to the following:			
		EVELYN CORREA				
			Name of Person			
		CORREA ACCOUNTING	INMIGRATION AND TRAVEL	AGENCY LLC		
	Firm/Company 2360 W 9TH CT APT 4					
			Address	····		
		HIALEAH, FL 33010				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		CORREAAB2018@GMAI				
		E-mail address: (to be used for future annual report notif	ication)		
For furthe	r information c	oncerning this matter, please co	all:			
EVELYN	CORREA		786 516-8364			
	Name o	f Person		: Telephone Number		
Enclosed i	is a check for th	ne following amount:				
₩ \$25.0	0 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 Addres		Street Address:	otion		
	Registration S Division of C		Registration Sec Division of Cor			
	O Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOAN AID CONSULTING LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L21000307980	07/06/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>/ here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company."	he 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 ou agent and/or the new registered office address here:	r records, enter the name of the new register
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.

City

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>	Address	Type of Action
AR	LUNA, JOSE ARTURO	21304 WEST DIXIE HIGHWAY	□ Add
		MIAMI, FL 33180	■Remove
		21304 WEST DIXIE HIGHWAY	□ Change
AR	STERINBERG, ABRAHAM	MIAMI, FL 33180	
			_
			≣ Change
			□Add
			□Remove
			☐ Change
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ffectiv	re date, if other than the date of filing:		(optional	
Note: If	f the date inserted in this block does not meet the nt's effective date on the Department of State's re	applicable statutory f		
record d is file	specifies a delayed effective date, but not an effective date.	ctive time, at 12:01 a.	m. on the earlier of: (b) T	he 90th day after the
ated _	July-19-, 20	21.	A	

Typed or printed name of signee