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DATE:

8/3/2021

NAME: PEGASO CONSULTING LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE ahhie Hedge

COVER LETTER

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TO:

Registration Section

Division of Corporations		
	so Consulting LLC	
SUBJECT:	Name of	Limited Liability Company
	cles of Amendment and fee(s) are	
Please return all co	orrespondence concerning this man	ter to the following:
	Daisi Maria Vargas de	Colmenares
		Name of Person
	Pegaso Consulting LLC	
		Firm/Company
	8200 NW 30th Ter	
		Address
	Doral, FL 33122	0'- 10' 12'- 0-1
	ecolmenares@pegasoco	City/State and Zip Code nsulting.net
	E-mail addre	ss: (to be used for future annual report notification)
For further inform	ation concerning this matter, pleas	e call:
Daisi Maria Varga	is de Colmenares	407 6932036
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
□ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Division P.O. Bo	ation Section n of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pegaso Consulting LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) oility Company)			
he Articles of Organization for this Limited Liability Company w	ere filed on <u>07/09/2021</u>	_	and as	signed
orida document number L21000314516				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabilit	y company here:			
egaso International Group LLC				
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbi	eviation "l	lC."
Inter 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)				
_				
			•	
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	iress on our records, <u>enter th</u>	e name	of the ne	w registe
gent and/or the new registered office address here.				
N CN P 1 A A			•	
Name of New Registered Agent:				,
New Registered Office Address:	Enter Florida street address	11.5 Fr. 11.	<u> </u>	المدا
		[m]	75	
	, Flori	ids	7. 6.	
	City		Zip Code	

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.

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>	Name	Address	Type of Action
MGR	Ramona Esther Celis	8200 NW 30th Ter	□Add
		Doral, Fl 33122	■Remove
			Change
MGR	Daisi Maria Vargas de Colmenares	8200 NW 30th Ter	■Add
		Doral, FL 33122	□Remove
			
			□Add
			□Remove
			□Change
	.		
			□Remove
			☐ Change
		 	
			□Remove
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Note:	ve date, if other than the date of filing:
e recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Signature of a member of authorized representative of a member
	Ramona Esther Celis
	Typed or printed name of signee

Filing Fee: \$25.00