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## **COVER LETTER**

TO:

	Registration Se Division of Cor		•	
SUD ID S	Vecin Cons	sulting, LLC	, ·	
SUBJEC	JT:	Name of Lim	ited Liability Company	<u>.</u>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Enrique Vecin		
		<del></del>	Name of Person	
		Vecin Consulting, LLC		
			Firm/Company	
		7483 SW 82 Street, Apt A	304	
			Address	<del></del>
		Miami, Florida, 33143		
			City/State and Zip Code	<del></del>
		evecin88@gmail.com		
		E-mail address: (	to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please ca	all:	
Enrique	Vecin		305 431-5282	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≡</b> \$25.	00 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:	aatian
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	•
	Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vecin Consulting, LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on July 20, 2021	and assigned
Florida document number L21000328623		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDR	ESS)	<u></u>
		221 221 25 25 25 25 25 25 25 25 25 25 25 25 25
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		F# ,
		-C @
		85 G
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	e name of the new register
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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	<u>Address</u>	Type of Action
MGR	Enrique Vecin	<del></del>	□Add
		<del> </del>	□Remove
		7483 SW 82 Street, Apt A304, Miami, FL, 33143	<b>≣</b> Change
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