

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000177296 3)))



H230001772963ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US CONTADOR INC Account Number : I20200000121 : (770)928-2700 Fax Number : (888)772-8108

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONSISNET LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing

Corporate Filing Menu

Help EW 1 6 5053

∠ Brumbi≢y

H23000177296 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSISNET LLC

	BIVELLEC	
(Name of the Limited Liability Comma (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{124000381724}{124000381724}$	were filed on08/25/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company berg:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	1250 SOUTH MIAMI AVE APT	1112
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130	
		
Enter new mailing address, if applicable:	1250 SOUTH MIAMI AVE APT	1112
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33130	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	e name of the new registered
New Registered Office Address:		
	Fotter Florida street oddress)
	, Flori	da 🚆
New Registered Agent's Signature, if changing Registered Agent:	City	da Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ve to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.S	I am familiar with and 8. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

_ □Change

H23000177296 3

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 = 1 AMBR =	Manager Authorized Member	CHI, PABLO 1250 SOUTH MIAMI AVE APT 1112 MIAMI, FL 33130 ©Remove			
Title	Name	Address	Type of Action		
MGR	MASCHI, PABLO	1250 SOUTH MIAMI AVE APT 1	112 □Add		
		MIAMI, FL 33130	□Remove		
			= Change		
MGR	BOTTINI, EDUARDO H	1250 SOUTH MIAMI AVE APT 1	112 ⊒Add		
		MIAMI, FL 33130	□Remove		
			≣ Change		
			□Add		
			□Remove		
			□Change		
		-	⊐Add		
			□Remove		
			⊐Add		
			□Remove		
			□Change		
			□Add		
			Remove		

H23000177296 3

			<u> </u>	
				<u>_</u>
 .				
				_
				
, 4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	<u> </u>			
ective date, if other than the defective date is listed, the date must	late of filing:		(optional)	
effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior; ck does not meet the applica	o date of filing or more that able statutory filing requ	i 90 days after filing.) Pursuan irements, this date will not	r to 605,026 be listed a
ument's effective date on the De	partment of State's records.			
cord specifies a delayed effective s filed.	date, but not an effective in	ne, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after th
ed	2023	·		
	Abr-			
	ignature of a trember or autho	rized representative of a m	mber	