## L21000 449226

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T. MATTHEWS

NOV - 1 2021

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

BASILIO (	CONSULTING AND SERVIC	ES, LLC	6 • •	
SUBJECT:	Name of Lim	tited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	MILENA BASILIO			
		Name of Person	<del></del>	
	BASILIO CONSULTING	AND SERVICES, LLC		
	<del></del>	Firm/Company		
	2406 RUNYON CIRCLE			
Address				
	ORLANDO, FL 32837			
		City/State and Zip Code		
	BASILIOCONSULTING@			
	E-mail address: (	to be used for future annual report no	otification)	
For further information of	concerning this matter, please c	all:		
MILENA BASILIO		954 667-4612		
Name o	of Person		me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$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:		
Registration : Division of C		Registration S Division of Co		
P.O. Box 632	<del>-</del>	The Centre of	<del>-</del>	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 04 007 00 3

21 001 22 FM 3: 3L

## **BASILIO CONSULTING AND SERVICES**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	10/14/202	
The Articles of Organization for this Limited Liability Company	were filed on 10/14/202	and assigned
Florida document number L21000449226		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "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 agent and/or the new registered office address here:	address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		171 - vid -
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
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.	performance of my du provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Name</u>	Address 21 (~122 P.M 3: 34	Type of Action
MGR	MILENA BASILIO	2406 RUNYON CIRCLE	<b>=</b> Add
		ORLANDO, FL 32837	□Remove
		<del></del>	□ Add
			□ Remove
			□ Add
			□ Remove
			□ Change
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			Change
			Remove
			□ Change

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If the date inserted in thi	the date of filing: must be specific and cannot be is block does not meet the a ie Department of State's rec	pplicable statuto			ng.) Pursuant to 605
nd specifies a delayed effe iled.	ective date, but not an effect	tive time, at 12:0	1 a.m. on the	earlier of: (b)	The 90th day afte
OCTOBER 19	, 2021				