## H240000848893



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To:

Division of Corporations

Fax Number : (850)617-6383

F POS

Account Name : MILBERY & KESSELMAN CPAS, LLC Account Number : 120180000053

Account Number : [20180000053]
Phone : (954)583-3223
Fax Number : (954)583-3259

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

Email Address: EDUARDO.MARURI@GMAIL.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORINA CONSULTING LLC

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DEPARTMENT OF STATEM

PRACIES ASSESSED FLORIDA

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Tallahassee, FL 32314

### H240000848893 COVER LETTER

TO: Registration So Division of Co			
CORINA	CONSULTING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDUARDO MARURI		
		Name of Person	
	CORINA CONSULTING		
		Firm/Company	
	31 VENETIAN WAY, AF	PT 3210	
	<del>.</del>	Address	
	MIAMI BEACH, FL 3313		
		City/State and Zip Code	
	EDUARDO,MARURI@G	MAIL.COM to be used for future annual report noti	
For further information of	concerning this matter, please c		Headony
	EDUARDO MARURE	954 952-7634	ı
Name o	of Person	at () Area Code Dayrim	e 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)	Cl S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# HA4 DOOD 84 8893 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORINA CONSULTING, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our r lability Company)	ecords.)	•	
The Articles of Organization for this Limited Liability Company Florida document number L22000055325	were filed on <u>02/01/2022</u>		and assigned	
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 Liabih	lity Company," the designation	"LLC" or the abbro	sviation "F450."	
Enter new principal offices address, if applicable:	31 VENETIAN WAY, A	PT 3210	<b>024 H</b>	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 331	39	5 另	ESTREETS
			H F	- Caraba
Enter new mailing address, if applicable:	31 VENETIAN WAY, A	PT 3210	AM 10	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH, FL 331	30	7 26 7 26	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, <u>e</u> Enicr Florida street a		of the new regi	stered
		_, Florida	Zip Code	
	Cip		Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity, performance of my dution provided for in Chapter (	es, and Lam fai 605, F.S. Or, if	niliar with and this document	1

If Changing Registered Agent, Signature of New Registered Agent

H 24 000 84 8893
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			DAID
			□Remove
			Change
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			□Remove
			□ Change
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<u>Vote:</u> If the d locument's ef	fective date on th	BRUARY 12th		-c/a	nen /	: (b) The 90th da	y after the