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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: MILBERY & KESSELMAN CPAS, LLC Account Name

Account Number : 120180000053 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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COVER LETTER

то:	Registration Sc Division of Cor			
		CONSULTING, LLC		
SUBJEC	CT:	Name of Lin	nited Liability Company	
The soci	ared Artistas al	Amendment and fee(s) are sul	hmitted for filing	
		indence concerning this matter		
	•	·	-	
		EDUARDO MARURI		
			Nunic of Person	
		MARURI CONSULTING	S. LLC	
			Firm/Company	
		31 VENETIAN WAY, AF	PT 3210	
			Address	
		MIAMI BEACH, FL 3313	39	
			City/State and Zip Code	
		EDUARDO,MARURI@G	MAIL.COM to be used for future annual report nut	(Sention)
C C	:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ror lurui		oncerning this matter, please c		
		ARDO MARURI	954 952-7634 at () Area Code Daytini	
	Name of	(Person	Area Code Daytin	se Telephone Number
Enclosed	is a check for th	e following amount:		
C) \$25.0	30 Filling Fee	S30.00 Filing Fee & Centificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F D P	Mailing Address Registration So Division of Co 2.O. Box 6327 allahassee, Fi	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

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Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Comp	niled Liability Company)	022 and assigned	
Florida document number L22000055325	Jany were med on		
Tonus document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	linbitity company here:		
MARURI CONSULTING, LLC			
The new name must be distinguishable and contain the words "Limited I	liability Company," the designate	ion "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	5)		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	15
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	131 72: DS
			71
 If amending the registered agent and/or registered offingent and/or the new registered office address here: 	ice address on our records	, enter the name of the new registered	
Sent The William William P. C. Stranger and C.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stro	et viddress	
		Florida	
	City	, Florida	
lew Registered Agent's Signature, if changing Registered Age	nt:		

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If Changing Registered Agent, Signature of New Registered Agent

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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 Type of Action Address Title Name C) Change ____ □Remove ☐ Change _____ ___ ___ DAdd ______ □Remove ____ 🗆 🗸 🗆 🗸 🗆 🗠 🗠 🗠 _____ 🗀 Change ______ □ Add _____ DRemove

__ 🗆 Change

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). If an	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and consol be prior to date of filing or more than 90 days offer filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
reco d is fi	rd 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
Dated	MAY 31ct
	Signature of a ntember or guidionized representative of a member
	EDUARDO MARURI

Filing Fee: \$25.00