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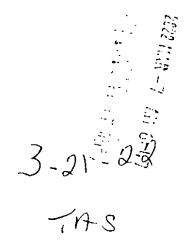
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COVER LETTER

Registration Section

TO:

Division of Cor	•	ce u c	
SUBJECT:	CING CONSULTING SERVI	tied Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DENSY V. SANCHEZ HU	JILLCA	
		Name of Person	
		Firm/Company	
	8736 SW 3RD ST		
		Address	
	MIAMI, FL 33174		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all;	
DENSY SANCHEZ HU	ILLCA	754 268-2710 at ()	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	'orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of	Tallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

OUTSOURCING CONSULTING SERVICE LLC

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

(Name of the Limi	ited Liability Compan (A Florida Limited L	iy as it now appears on our recor lability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited L	· -	were filed on <u>02/21/2022</u>	and assigned	
Florida document number L22000081663	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabil	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
			2	
Enter new mailing address, if applicable:			1	
(Mailing address MAY BE A POST OFFICE	(BOX)			
			न् श	
			길 티	
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our records, <u>ente</u>	r the name of the new registere	
Name of New Registered Agent:	DENSY V. SAN	SCHEZ HUILLCA		
New Registered Office Address:				
		Enter Florida street addre	'58	
	, Florida			
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regbeing filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as p registered office o	performance of my duties, a rovided for in Chapter 605.	and I am familiar with and	

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	Type of Action
MGR	DENSY V. SANCHEZ HUILLCA		≣ Add
			□Remove
			□Change
MGR	DENSY D SANCHEZ HUILLCA		□Add
			Remove
			□Change
			□ Add
			2022 中和Remove
			☐ Change
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ective date, if other than the	o dota of filings			_ (optional)	
effective date is listed, the date muter. If the date inserted in this b	ist be specific and cannot block does not meet the	pe prior to date of fi applicable statute	ing or more than 90 d ry filing requireme	lays after filing.) Pu	rsuant to 605.020 I not be listed a
rument's effective date on the F	repartment of state's fo	ccorus.			
cord specifies a delayed effective filed.	ve date, but not an effe	etive time, at 12:0	1 a.m. on the earli	er of: (b) The 9	0th day after th
MARCH I	2022				
		Same			
	Signature of a member				