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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : 120190000077 Phone : (954)773-7286 Fax Number : (954)526-8825

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

Email Address: aponzalez @nnefinana algonip com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEARL CONSULTING SERVICES, LLC

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M. SOLOMON

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COVER LETTER

TO: Registration Section HZZ000226914

Division of Cor	porations				
PEARL C SUBJECT: _	ONSULTING SERVICES LLC				
50BJEC1:	Name of Limit				
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	ANTONIO I GONZALEZ	Z			
		Name of Person			
	GONZALEZ & ASSOCIA	TES III PA			
		Firm/Company			
	1820 N CORPORATE LA				
		Address			
	WESTON, FL 33326				25.52
	City/State and Zip Code			· .	
agonzalez@arnefinancialgroup.com E-mail address: (to be used for future annual report notification)					-7
For further information	e-mail address. (i concerning this matter, please of		.audu)	7. T.	JUL -7 AH II: 45
				7 ±	==
ANTONIO J. GONZA		954 773-7286 at ()			5
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enciced)		
Mailing Addre Registration		Street Address: Registration Sec	tion		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H220002269143

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HZZ000ZZ69143

	SULTING SERV					
Name of the Limit	ed Liability Comps (A Florida Limited	any as it now appears on ou Liability Company)	r records.)			
The Articles of Organization for this Limited Li	ability Company	were filed on FLORID.	\	_ and ass	igned	
Florida document numberL22000105188	·					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liat	ollity company here:				
N/A						
The new name must be distinguishable and contain the w	ords 'Limited Liab	ility Company," the designati	ion "LLC" or the abor	eviation "L.	L.C."	
Enter new principal offices address, if applic	able:	N/A				_
(Principal office address MUST BE A STREE	TADDRESS)			- 1	25	
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Enter new mailing address, if applicable:		N/A		-i -< 	~	_ :-
(Mailing address MAY BE A POST OFFICE	BOX)				<u> </u>	
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B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	s, enter the name	of the ne	w regis	<u>tered</u>
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A	English Markets and				
	Enter Florida street address					
			, Florida	Zip Code		
Name Basing and American State of the saint	Danistanad taas			Lip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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:

H220002769143

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JIMENEZ, MINVERA	750 E COCO PLUM CIR APT 2	⊡Add
		PLANTATION, FL 33324	≅ Remove
			Change
AMBR	JIMENEZ, MINERVA	750 E COCO PLUM CIR APT 2	
		PLANTATION, FL 33324	□Remove
			□ Change
			□Add
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Effective date, if other	, the date must be specific ed in this block does r	s and cannot be prior not meet the applica	to date of filing or mor able statutory filing	(optional) e than 90 days after filing requirements, this date	.) Pursuant to 605.0	0207 (3)(t i as the
document's effective di	ate on the Department	of State's records.				
e record spec <u>ifi</u> es a dela rd is filed.	yed effective date, but	not an effective ti	me, at 12:01 a.m. or	the earlier of: (b) Ti	he 90th day after	the
_	JULY 01	2022				
Dated		_, 	<u> </u>			
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	Cionation	of a member or autho	rized representative o	f a member		
	Silvamie					

Filing Fee: \$25.00