6/8/22, 4:18 PM

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : 120200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADF CONSULTING SERVICES LLC

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JUN - 8 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADF CON	ISULTING SERVICES LLC				
(Nume of the Limited Liabil (A Florid	ity Company as it now appears of Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	04/14/2022	and a	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here	:			
AFD CONSULTING SERVICES LLC					
The new name must be distinguishable and contain the words "Lin	nited Liabitity Company," the desi	gnation "LLC" or the ab	lucviation "	L.L.C."	
Enter new principal offices address, if applicable:		<u>-</u>			_
(Principal office address MUST BE A STREET ADD)	RESS)				
				_	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our rec	ords, <u>enter the nam</u>	e of the n	ew regi	stered
				20	
Nimon and the Designation of Agents				122	
				III	
New Registered Office Address:	Name of New Registered Agent: New Registered Office Address: Finer Florida street address The street address to the street addres				
		, Florida		<u></u>	55
	Cip	, Florida	Zip Cod	e 10	
New Registered Agent's Signature, if changing Registers	ed Agent:		: ··		<u>_</u>
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	and agree to act in this ca complete performance of m igent as provided for in Ch ed office address, I hereby	y duties, and I am j apter 605, F.S. Or,	familiar w if this do	vith and cument	1

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

From: TAXLEAF COM CONTADORMIAMI.COI

H220002005543

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\Lambda MBR = \Lambda$	uthorized Member		
Title	Name	Address	Type of Action
			Remove
			Change
			_
			□ P armino
			■ Change
			™ Add
			■ Damaya
			■ Clunge
			≅ Add
			■Remove
			■ Change
			■ Add
			■ Remove
			■ Change

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•	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	

<u> </u>		
fan effective Note: If the	te, if other than the date of filing: date is listed, the date must be specific and camot be prior to date of filing or more than 90 days after filing.) Pursuant to 60% date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records.	5,0207 ed as
e record spec rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	JUNE 8TH 2022	
-	Signature of a member or authorized representative you member	
	HERNANDEZ, RAFAEL	
	Typed or printed name of signee	