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(Requ	estor's Name)	
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COVER LETTER

MED2LAV SUBJECT:	W CONSULTING, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RODRIGO I BELTMAN		
		Name of Person	
	MED2LAW CONSULTIN	NG	
		Firm/Company	
	4699 N State Rd 7 Suite C	:-1	
		Address	
	Fort Lauderdale, FL 33319)	
		City/State and Zip Code	
	beltman0818@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
RODRIGO I BELTMAN	!	954 588-1933 at ()	
Name of	f Person		Telephone Number
Enclosed is a check for th	e 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)

Mailing Address:

Registration Section Division of Corporations

TO:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MED2LAW CONSULTING, LLC

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

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on

OSTATE

Articles of Organization for this Limited Liability Company were filed on
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OSTATE OF COMPANY AND Florida document number L22000225025 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ City

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RODRIGO I BELTMAN	4699 N State Rd 7 Suite C-1 Fort Lauderdale,	FL 33319
			🗏 Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D	t be specific and ock does not t	d cannot be prior	r to date of filing or	(opti more than 90 days after ing requirements, thi	
record specifies a delayed effective	date, but not	t an effective t	ime, at 12:01 a.m	on the carlier of: (b) The 90th day after the
d is filed.					
d is filed. Dated	;	, 2022	·		
JUNE 15th		, AA	orized representative		