_23000 <u>73883</u>

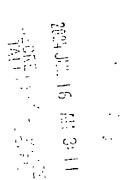
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section

Division of Co	prporations	•	
OVEN IN COR	MARIA PALACIOS YA	CHT CONSULTING, LLC	
SUBJECT:	Name of Lin	uited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Maria Palacios	
		Name of Person	
	MARIA PALACIOS YA	CHT CONSULTING, LLC	
		Firm/Company	
	8430	SW 8th St., #B204	
		Address	
	М	iami, Fl 33144	22
		City/State and Zip Code	
	mnalacios	yachtconsulting@gmail+c.d	
		to be used for future annual report noti	
For further information	concerning this matter, please of	•	
	Maria Palacios	305 32	2-2893
Name	of Person		e 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addra Registration		Street Address: Registration Sec	ction
_	Corporations	Division of Cor	
P.O. Box 63		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maria Palacios Ya	cht Consulting LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appear da Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability (L23000073883)	Company were filed on	2/9/23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	ere:	
Consulting Agency Group, LLC			
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the d	esignation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		····	
Enter new mailing address, if applicable:			. 25
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
	·	-	J. J.
B. If amending the registered agent and/or registere		ecords, <u>enter tl</u>	ne name of the new registered
agent and/or the new registered office address here:			٠٠. ين بن ^٠
			7
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	_
		, Flor	rida
	City	,	i da Zip 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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
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		in the second se	⊒ ⊒'DAdd
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statu	
ment's effective date on the Department of State's records.	nory ming requirements, das date will not be used
ord specifies a delayed effective date, but not an effective time, at 12 filed.	:01 a.m. on the earlier of: (b) The 90th day after
July 1, 2024	
	resentative of a member
Signature of a member or authorized repr	