## L23000245531

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## **COVER LETTER**

JBJECT:	nsulting LLC	ind Linkilian Comment	
	Name of Lim	ited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Rafael Rodriguez-Torres		
		Name of Person	<del></del>
	Classic Consulting LLC		
		Firm/Company	
	8092 NW 109 Ave		
		Address	
	Parkland, FL. 33076		
		City/State and Zip Code	
	RalphRT@gmx.com		· · · · · · · · · · · · · · · · · · ·
r further information of	concerning this matter, please c	to be used for future annual report not all:	ircanon)
ifael Rodriguez-Torre	s	407 383-7005	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
sclosed is a check for t	he 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

TO:

**Registration Section** 

Mailing Address: 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

Classic Consulting LLC		
( <u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit lorida document number L23000245531		and assigned
his amendment is submitted to amend the following	<b>;</b> :	
a. If amending name, enter the new name of the	limited liability company here:	
he 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:		
<u>Principal office address MUST BE A STREET AD</u>	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
<ol> <li>If amending the registered agent and/or registered and/or the new registered office address her</li> </ol>		me of the new registe
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kim Rodriguez-Torres	8092 NW 109 Lane	<b>≣</b> Add
		Parkland, FL. 33076	□Remove
			□Change
AMBR	Christian Rodriguez-Torres	9047 NW 51 Place	<b>≡</b> ∧dd
		Coral Springs, FL. 33067	□Remove
			□Change
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			□Remove
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<del></del>			□Add
			Remove
			□Chänge -
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			□ Remove
		_	□Change

Kim Kodrig	uez-Torres ar	nd Christian	Rodriguez-	Forres are b	eing ADDEI	) as member	s of the LLC		
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Effective date, if if an effective date is Note: If the date document's effect	listed, the date inserted in thi	must be speci is block doe:	rific and cannot s not meet th	ot be prior to ne applicabl	date of filing o	more than 90		ng.) Pursuan	
e record specifies and is filed.							ier of: (b)	The 90th da	ay after the
					. /				
Dated					GRI	<u>.                                    </u>			
Dated					ed representat	<u> </u>	er		. ;; — <u>:</u>

Filing Fee: \$25.00