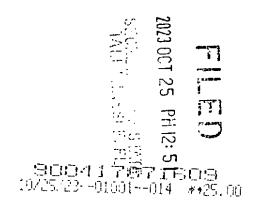
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(F	Requestor's Name)	
	Address)	· · · · · · · · · · · · · · · · · · ·
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((City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL.
(F	Business Entity Name)	
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3)	Document Number)	
Certified Copies	Certificates o	f Status
		
Special Instructions to Fi	iling Officer:	

Office Use Only



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RECEIVED

COVER LETTER

Division of Corporations	
SUBJECT: MeCAUS S. Name of Foreign	mart Consultrue LLC n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Constrain Lope 2 9 Name of Person	Rojas
Mc Caus Smart Firm/Company	Consulting LLC
7120 Patronis Address	Drive Apt 1803
Panama City Beac City/State and Zip Code	G,FL 32408
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter. Cristran Leges Rejes Name of Person	at (<u>&\$0</u>) <u>774 - 7336</u> Area Code & Daytime Telephone Number
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
Enclosed is a check for the following a □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McCaus Smar	rt Consult	nna 21		PH 12: 52	
(Name of the Limi	ted Liability Company (A Florida Limited Liab	as it now appea pility Company)	TV	ds.) SIGTE	
The Articles of Organization for this Limited L	iability Company we	ere filed on	5/24/2	023	and assigned
Florida document number <u>L 2300025</u>	• • •	_			- · · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabilit	ty company h	iere:		
•					
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the	designation "LL	C" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applic	:able:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
	-	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE .	<i>BOX</i>)				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office add ss here:	dress on our	records, <u>ente</u>	the name o	f the new registered
Name of New Registered Agent:	Cristian	lopez	Rojas		
New Registered Office Address:	2120 Pak	Enter Flo	orida street addre	" 1803	
	Panama Ci	ity Beach	<u> </u>	lorida <u>3</u> 2	2408 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regional being filed to merely reflect a change in the company has been notified in writing of this	er and complete pe istered agent as pro registered office ac	erformance o ovided for in	f my duties, a Chapter 605,	nd I am fam F.S. Or, if t	iliar with and his document is

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

Title	<u>Name</u>	Address	Type of Action
<u> 162</u>	Cristian lopez Rojas	7120 Patrons Dr. Apt 1803 Panama City Deach, Fl, 32408	[YAdd
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Note: 1	re date, if other than the date of filing:	207 1 as
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to d.	the
Dated _	10-25-2023	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00