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		COVER LETTER	V g	
TO: Registration S Division of Co		r	•	
	'S CONSULTANT			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jesus F Mulet Pratts			
		Name of Person		
	JMPRATTS CONSULTA	NT		
		Firm/Company		
	4251 SW 95th Ave			SECRETARY OF STATE SECRETARY OF STATE Re Number Re Number Solution of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
		Address		
	Miami FL 33165			
		City/State and Zip Code		75 2
	jmpratts@gmail.com	to be used for future annual rep	aget partition (car)	ECE F 7
For further information of	concerning this matter, please c		ant nonreacen)	AN -8 ETARY HASS
Jesus F Mulet Pratts		1 786 2	241 4039	EFOF
Name o	of Person	Area Code	Daytime Telephone Number .	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate ed) Certified C	e of Status & Copy
<u>Mailing Addre</u> Registration		<u>Street Add</u> Registrati	ress: ion Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMPRATTS CONSULTANT		
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L23000556796}{L23000556796}$.	any were filed on December 19,2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
JMPRATTS CONSULTANT LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		SEI SEI
(Mailing address MAY BE A POST OFFICE BOX)		AR 5
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the r</u>	N-8 Pw registered NASSEE Of the 18 w registered NASSEE OF THE CORNER
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	man i man su cei dan ess	
	, Florida	Zip Code
	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, 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
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Effective date, if other than the (If an effective date is listed, the date mus. Note: If the date inserted in this bl document's effective date on the D	be specific and cannot be prior to sek does not meet the applica	o date of filing or more that ble statutory filing requi	(optional) n 90 days after filing.) F irements, this date w	^t ursuant to 605,0207 (ill not be listed as t
the record specifies a delayed effective ord is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
Dated	2024	_ •		
Dated				
Dated	Fernando M Pr	atts		

Filing Fee: \$25.00