L24000115197

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

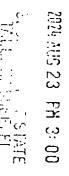
Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
CIID ICZYP.	FACIL CO	NSULTING LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		NAVID TRUJILLO		
			Name of Person	
		FACIL CONSULTING LI	.C	
			Firm/Company	
		6775 W FLAGLER ST		
			Address	
		MIAMI, FLORIDA 33144		
			City/State and Zip Code	
		FACILCONTI@GMAIL.C	OM to be used for future annual report notification)	
For further in	iformation co	oncerning this matter, please co	·	
NAVID TRU	JJILLO		786 367-9581	
	Name of	f Person	Area Code Daytime Telephone	Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 I	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Reg	iling Address gistration S		Street Address: Registration Section Division of Corporations	2024 AUG Sekleti

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 8103

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FACIL CONSULTING LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000115197</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	487 NW 27 AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33125	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	487 NW 27 AVENUE MIAMI, FL 33125	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	ida Zip Code
	City	·
New Registered Agent's Signature, if changing Registered Agent:	ζιώ	·

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
MGR	YALIMA CHAVEZ BEJERANO	15276 SW 88 TER	= Add
		MIAMI, FLORIDA 33196	□Remove
			DChange
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
			□Remove 1 □Remove 1 □ 2 □ 3 □ Change
		——————————————————————————————————————	= □Add — □ Remove
			Chango

N/A		
	·	
		
fective date, if other than the da	08/16/2024	(optional)
an effective date is listed, the date must be	specific and cannot be prior to date of filing or mo	re than 90 days after filing.) Pursuant to 605.020
ocument's effective date on the Depar	does not meet the applicable statutory filing tment of State's records.	requirements, this date will not be listed as
record specifies a delayed effective da is filed.	te, but not an effective time, at 12:01 a.m. o	n the earlier of: (b) The 90th day after the
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Sig	nature of sufember or authorized representative of	of a member
	- /	
NAVID TRUJILLO		CO Time