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		vision of Corporations x Number : (850)617-6383		
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	ion Section of Corporations	•"		
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SUBJECT: 💆		Name of Limited Liability Company		
The enclosed Artic	des of Amendment and k	e(s) are submitted for filing.		1
Please return all co	prespondence concerning	this matter to the following:		
	Diego Cruz			
		Name of Persor	ł	
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	Tallahassee, F			
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For further inform:	ation concerning this mat	ter, please call:		
c/o ZenBusiness I	NC	844	493-6249	
<u></u>	Name of Person	at (Area Code) Daytime Telephon	l) se Nun ģe r
Enclosed is a check	k for the following amou	u :		
■ \$25.00 Filing	Fee 🔲 \$30.00 Filin Certificate		y is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certificat Copy (additional copy is enclosed)
MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Rog Div The 241	<u>etAddress:</u> istration Section ision of Corporation Centre of Tallahass 5 N. Monroe Street, ahassee, FL 32303	iee 🛛
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	OF		
Ecuador Consulting	Group L.L.C.		
	me of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)	
	is Limited Liability Company were filed o	on	and assigned
Florida document number 124000	163430	l l	
This amendment is submitted to a	nend the following:		
A. If amending name, enter the	new name of the limited liability compa	inv here:	
The new name must be distinguishable a	id contain the words "Limited Liability Company,	" the designation "LLC" on the	abbreviation "L.L.C."
Enter new principal offices addr	ess, if applicable:		
(Principal office address MUST I	BE A STREET ADDRESS)		
Enter new mailing address, if ap		[]	
(Mailing address MAY BE A PO:	<u>ST OFFICE BOX</u>		
	ent and/or registered office address on (our records, <u>enter the na</u>	me of the new registered
agent and/or the new registered	office address here:		
Name of New Registered	Agent:		<u> </u>
New Registered Office A	ddress:	er Florida street uddress	
	2.11	er r arnau sireet daaress	: N
		, Florida	

To:

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 fam 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To:	Hamending /	Page: 4 of 5 Authorized Person		22:41 UTC+14 nage, <u>enter the title,</u>	18506176383	From: ZenBusine HC24000161074 ch person being added	
	or removed from our records: MGR = Manager AMBR = Authorized Member						
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Dated	5/2			
	/s/ Cristina del Re			
		Signature of a member or authorized representation	tive of a member	
	Cristina del Rocio Ma	rtinez Alarcon Typed or printed name of signer	e II	
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