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S Phone

Number : (787)433-7373

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annual	report	mailings.	Enter	only	one	email	address	please.	• •
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ECUADOR CONSULTING GROUP L.L.C.

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COVER LETTER

TO:	Registration S Division of Co	rporations		H240002181693
	ECUADO	R CONSULTING GROUP LL	.c	
SUBJEC	-1; <u></u>	Name of Lir	nited Liability Company	
		Amendment and fee(s) are sul	•	
Please re	turn all corresp	ondence concerning this matter	to the following:	
MC.	- مبر - ۱ - ۰	MAC APONTE		
			Name of Person	
		MAC APONTE ADVISO	PRS LLC	
;;	.÷.,	***************************************	Firm/Company	
	·	11848 DUNE ALY		
			Address	
		ORLANDO,FL 32832		
			City/State and Zip Code	
) • pa	INFO@MACAPONTEAD		
			to be used for future annual report no	otification)
For furthe	er information of	concerning this matter, please c	all:	
MAC AI			689 309-9009 at ()	
	Name o	of Person		me Telephone Number
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Enclosed	is a check for the	he following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
.] .]	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	ECUADOR CONSULTING GROUP LLC						
	(Name of the Limited Liabili (A Florida	ity Company as it now appe a Limited Liability Company	ears on our records.)		_		
The A	ϵ_{co} rticles of Organization for this Limited Liability C	Company were filed on <u>f</u>	APRIL 18,2024	and :	assigr	ned	
ri. Florida	a document number L240000183456	·					
This a	mendment is submitted to amend the following:						
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The nev	v name must be distinguishable and contain the words "Lim	nited Liability Company." the	designation "LLC" or th	e abbreviation	"L. L. C	- 1.	
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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 Changing Registered Agent, Signature of New Registered Agent

E. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H240002181693

MGR = Manager AMBR = Authorized Member

<u>Title</u>		Name	<u>Address</u>	Type of Action
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