## L24000218150

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)
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(Document Number)		
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Special Instructions to	Filing Officer:	
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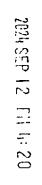
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9/16/24 FIX



## COVER LETTER 3

1 10/0 0000011				
SUBJECT: LINO CONSULT	ING LLC			
	Name of Limited L	iability Company	<del> </del>	<del></del>
		,		
The enclosed Articles of Amend	dment and fee(s) are submitte	d for filing.		
Please return all correspondence	e concerning this matter to the	following:		
D.	IIBRILL J NTEUCHIEMOU	FOTSO		
		Name of Person		<del></del>
LI	NO CONSULTING LLC			
_	Firm/Company			
. 11	01 S ROGERS CIR STE 4			
<del></del>		Address	· · · · · · · · · · · · · · · · · · ·	
В	OCA RATON, FL 33487			
•		y/State and Zip Code		
NIC	COLAS@2ALBION.COM	used for future annual rep		<u></u>
For further information concern		ised for future armual rep	on nouncation)	
NICOLAS PANCARO		561 350-3	267	
Name of Person	1	_ at () Area Code	Daytime Telephor	ie Number
Enclosed is a check for the follo	wing amount:			
	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				2024 SEP Trail 17
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Division on The Centr	ess: on Section of Corporation e of Tallahass Ionroe Street,	is and the same of

NO\$ 8/7/24

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINO CONSULTING LLC

(Name of the Limited Liability Company as (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on 05/09/2024 and assigned
Florida document number L24000218150	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, enter the name of the new registered
agent and/or the new registered office address nere:	
Name of New Registered Agent:	
New Registered Office Address:	·
	Enter Florida street address
	Florida
Ci.	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provide eing filed to merely reflect a change in the registered office addressing has been notified in writing of this change.	mance of my duties, and I am familiar with and or of this document is s. I hereby confirm that the limited liability
	PH 4
	-n

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

<u>Title</u>	Name	Address	Type of Action
MGR	SACHA GERHARD BERGER	1101 S ROGERS CIR STE 4	≅Add
		BOCA RATON, FL 33487	□ Remove
			Change
			🗀 Add
		-	
			Change
			DAdd
. <del>4</del> .			□Remove
िंद्र्कर (४०) रिक्ष			□ Change
	The state of the s		□ Add
	Maria Ma Maria Maria Ma		□Remove
"ويتر د د د د د د د د د د د د د د د د د د د			. □Change
		·	OAdd
			Change
			153
			□ Add
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional s	heets, if necessary.)
Reflective data if athoretion the data of 500-	
C. Effective date, if other than the date of filing:  (If an effective date is listed the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) 190 days after fiting.) Pursuant to 605.0207 (3)(i rements, this date will not be listed as the
the record specifies à delayed effective date, but not an effective time, at 12:01 a.m. on the cord is filed.	earlier of: (b) The 90th day after the
II II V 30TH	E P
Dated	2
Signature of a member of authorized representative of a m	ember = ==
DJIBRILL J NTEUCHIEMOU FOTSO	변 <u>2</u>
Typed or printed name of signee	

Filing Fee: \$25.00