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TO:	Registration So Division of Cor			
SUBJE	AGUIAR (CONSULTING PARTNERS L	I.C	
SUBJE		Name of Lim	ited Liability Company	
The enc	dosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspe	ondence concerning this matter	to the following:	
		MAR	IELA DORANTE DE AGUIAR	
			Name of Person	
		AGUIAR CONSULTING	PARTNERS LLC	
		-	Firm/Company	
		3510 OAKS WAY UNIT I	110	
			Address	
		POMPANO BEACH, FLO	PRIDA 33069	
			City/State and Zip Code	
		MARIELAAGUIAR@GM/		
		E-mail address: (t	to be used for future annual report notil	ication)
For furt	her information c	oncerning this matter, please ca	ill:	
MARIE	ELA DORANTE I	DE AGUIAR	845 2871764 at ()	
	Name o	(Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGUIAR CONSULTING PARTS	RERS LLC		হুন -	<u>. </u>
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.) AUZ	101.23 AH 7:39
The Articles of Organization for this Limited I		were filed on $\frac{05/13}{}$	/2024	and assigned
Florida document number 1.24000222517	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lial	oility company here	::	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		_
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	N/A			
Mailing address MAY BE A POST OFFICE BOX)				
		•		
3. If amending the registered agent and/or sgent and/or the new registered office addre	Ç.,	address on our rec	ords, <u>enter the na</u>	ame of the new register
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida	i street address	
			Florida	
		City	r iviida _	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>	<u>Address</u>	Type of Action
MGR	AGUIAR DORANTE, JUAN	3510 OAKS WAY UNIT 110	□Add
		POMPANO BEACH, FLORIDA 33069	≡ Remove
			DChange
			□Add
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Effective date, if (If an effective date is Note: If the date document's effect	inserted in this h	dock does not	meet the ap	prior to date of plicable stati	filing or more itory filing re	(op than 90 days afi equirements, th	tional) er filing.) Pursua his date will no	ant to 605,0207 (3 of be listed as th
	a delayed effecti	ve date, but ne	ot an effectiv	ve time, at 12	::01 a.m. on	he earlier of:	(b) The 90th	day after the
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he record specifies : ord is filed. DatedULIO 19*	111	Mari	iela i	Dora	ite_			
ord is filed.	171	Houri	iela i	Dorat uthorized repr	(Le resentative of	ı member		