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(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:		nds Consulting LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	l Articles of A	mendment and fee(s) are sub	nitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Melina Buitrago			
			Name of Person		
			Firm/Company		
		3720 condor court			
			Address		
		Weston, FL 33331			
			City/State and Zip Code		
		mbuitragotunon@gmail.com		ie ax	
			to be used for future annual report not	meation	
For further in	nformation co	ncerning this matter, please ca	all:		
Melina Buit	rago		786 6167616 at ()	·	
	Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is	a check for the	e following amount:			
<b>■</b> \$25.00 I	Filing Fee	☐ \$30.00 Fiting 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)	
	iling Address		Street Address:	i	
Re	gistration S	ection	Registration Se	ECHOII	

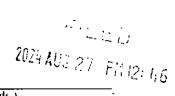
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Mindful Brands Consulting LLC

(Name of the Limited Liability Company as it now appears on our records.).

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on June 21, 2024	and assigned
Florida document number 1.24000281989		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," 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:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:	Enter Florida street aa	
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•	<i></i> , c
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Melina Buitrago		□ Add
		3720 condor court, Weston FL 33331	■Remove
			□Change
AMBR	Melina Buitrago	3720 condor court, Weston FL 33331	<b>≡</b> Add
			⊡Remove
			Change
AMBR	Michael Reales		□Add
		3720 condor court, Weston FL 33331	■Remove
			□Change
		_	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
the record ecord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	
	Hotenson I
	Signature of a member or authorized representative of a member
	Melina Marcia Butrago Tuñón Typed or printed name of signet
	Typed or printed name of signee

Filing Fee: \$25.00