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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Consulting Sen	ices. LLC	
3013EC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paol	na A. Pineda Name of Person	
		Name of Person	
	P Consult	ing Services, LLC Firm/Company	
		-,	
	2325 Sw a	5th Ave.	
		Address	
	Minus Fl	33155	
		City/State and Zip Code	
	Paola_ ap1(a) E-mail abdress: (33155 City/State and Zip Code hotmail. www. to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
Paola A	1. Pineda	at (_305_) 775 - 25	588
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y Consulfina Serv	ices, LLC
(Name of the Limited Liability Company as it now (A Florida Limited Liability Comp	appears on our records.) Dany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L 24000292923</u> .	on 6 28 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	23
Principal office address MUST BE A STREET ADDRESS)	
	27 27
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on eagent and/or the new registered office address here:	our records, enter the name of the new registers
Name of New Registered Agent:	
New Registered Office Address: Ente	er Florida street address
	Florida
City	7 in 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR AMBR	Paola A. Pineda	2525 SW 65th Ave Miami, Florida 33155	5 0 Add
,, ,,,,,		J. ((4) M.)	□ Remove
		 	□ Change
			□Remove
			□Add
			□Remove
			Change
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an effective ote: If th	e date is listed, e date inserte		specific and does not r	d cannot neet the	applicable			(optional 90 days after filin rements, this dat	g.) Pursuan	
ecord spe is filed.	ecifies a delay	ed effective d	ate, but not	t an effe	ctive time,	at 12:01 a.m.	on the e	earlier of: (b)	he 90th d	ay after the
ated	July	19.		, <u>2</u>	2024 .					
	·		de P	nda						
•	<u>-</u>			member	or authorize	d representative	of a me	mber	······································	

DUI D 005.00