Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002614073)))



H24000261407348C+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : 2D CONSULTING ENTERPRISE LLC

Account Number : I20220000099 Phone : (904)382-0889

: (321)296-7174

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OKTOPUS USA CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

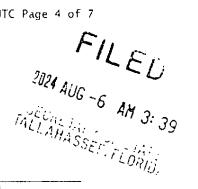


COVER LETTER

TO: Registration S Division of Co			
	S USA CONSULTING LLC		
SUBJECT:		uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	FLOR LOZANO DUGGL	ER	
	**	Name of Person	
	2D CONSULTING ENTE	ERPRISE LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	241 HAMMOCK AOK C	IRCLE	
	 	Address	
	DEBARY, FLORIDA 327	713	
		City/State and Zip Code	
	2DCONSULTINGENTER	<u> </u>	
Voc further information of		to be used for future annual report not	(fication)
ror furtier information c	oncerning this matter, please of		
FLOR LOZANO DUGO	BER	904 382-0889 at () Area Code Daytim	
Name o	l Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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



OKTOPUS USA 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	and assigned
Florida document number L24000310768		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "I	J.C" 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 a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Florida
	City	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 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>	Address	Type of Action
AMBR	MUNOZ GONZALEZ, RONALD	AVALON MIRAMAR 11390 SW 28TH STREET	#31 □Add
		MIRAMAR, FL 33025	Remove
			□Change
AMBR	Dolly Palacio Mejia	AVALON MIRAMAR 11390 SW 28TH ST #310	
		MIRAMAR, FL 33025	□Remove
			Change
******			CAdd
			Remote To Auto-
			_ DANG A
			DChange
		<u> </u>	□Add
			□Remove
			Change
************			🗆 Add
			□Remove
			🗆 Change

NI II			
			6
			بن ن
-			
			
			-
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to date lock does not meet the applicable st	of filing or more than 90 days after fi atutory filing requirements, this c	ling) Pursuant to 605 0207 (330
	re date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
e record specifies a delayed effectived is filed.			
e record specifies a delayed effective rd is filed. Dated AUGUST 02	2024		