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K. SALY

JAN 9 2025

COVER LETTER

TO:	Registration S Division of Co			(((H25000007259 3)))
			NSULTING GROUP LLC	
SORTI	ECT:	Name of Lin	ited Liability Company	,. <u></u>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	<u> </u>
		efile1234@incfile.com	to be used for future annual report notific	ention
For fur	ther information of	concerning this matter, please c		
LOVE	TITE DOBSON		at () (888) 462-345	3 Telephone Number
	Name	of Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
\$ \$2	5.00 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 Addre Registration	Section	Street Address: Registration Sect Division of Corp	
	Division of C P.O. Box 633 Tallahassee,	27	The Centre of Ta 2415 N. Monroe Tallahassee, FL I	llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MIND PLUS	S CONSULTIN	G GROUP LLC		智多女 人
(<u>Name of the Limited Lia</u> (A FIO	ability Company onda Limited Lial	as it now appears on oility Company)	our records.)	THE POPULATION OF THE POPULATI
The Articles of Organization for this Limited Liability Florida document number L24000369604	ty Company wo	ere filed on 08/22/2	2024	and assigned.
This amendment is submitted to amend the following	g:			· .
A. If amending name, enter the new name of the I	limited liabilit	y company here:		
CUATRO PUNTOS GROUP LLC				
The new name must be distinguishable and contain the words "I	Limited Liability	Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-		<u> </u>	
(Principal office address MUST BE A STREET AD	DDRESS)			
	-		. <u>-</u>	
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX)	-	·······		
	-			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		dress on our recor	ds, <u>enter the na</u>	me of the <u>new registered</u>
Name of New Registered Agent:				
		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		Enter Florida s	treet address	
			, Florida	
		Cuy		Zip Code
New Registered Agent's Signature, if changing Registe	tered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	id complete pe d agent as pro tered office ao	rformance of my ovided for in Chap	duties, and Lan oter 605, F.S. O	familiar with and r, if this document is
	15.50	Duri torud Amort	en en en	Table David Annua

1/8/2025 07:43·19 CST Pegs: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			OAdd
			Remove
			DChange
			POPULATE TO
			Remove
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Effective date, if other than the dian effective date is listed, the date must be	l ate of filing: be specific and cannot be.pr	ior to date of filing or	more than 90°days at	tional) ter (iling.) Pursuant to (505.01
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record specifies a delayed effective d is filed.	date, but not an effective	e time, at 12:01 a.m	i, on the earlier of:	(b) The 90th day a	fter th
Dated	2025	·			
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·	ignature of a member or au	though representati	ve of a member		

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