

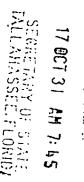
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COVER LETTER

	egistration Sec ivision of Corp		•	
SUBJECT	LKV Consu			
SUBJECT	•	Name of Limi	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Lesa K Vandagriff		
			Name of Person	
		LKY Consulti	no LLC	
		<u> </u>	Firm/Company	
		855 Pickett Road		
			Address	
		The Villages, FL 32163		
			City/State and Zip Code	
		lvandagriff@lkvconsultingl	le.com to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca		
Lesa K Vandagriff 352 446-0803 at ()				
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LKV Consulting LLC		
(<u>Name of the Limited Lia</u> (A Fk	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on October 20, 2017	and assigned
Florida document number L17000217994	 ·	
This amendment is submitted to amend the following	ŗ.	
A. If amending name, enter the new name of the	limited liability company 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:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
	,	
B. If amending the registered agent and/or re		nter the name of the n
registered agent and/or the new registered office a	uddress here:	Es -
		7 0C
Name of New Registered Agent:		<u> </u>
		SS: 3-
New Registered Office Address:	Enter Florida street address	75 7 70
	, Florid	a Zincode

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
MGR	Lesa K Vandagriff	855 Pickett Road, The Villages, FL 32163	= Add
			□ Remove
			Change
			Add
			Remove
			Change
			🗆 Add
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ffective date, if other the an effective date is listed, the dote: If the date inserted in ocument's effective date or	ate must be specific and can this block does not meet	not be prior to o the applicabl	date of filing or r	ore than 90 days any requirements,	after filing.) Purs	uant to 6 not be l	605.020 isted as
e record specifies a de The 90th day after th	elayed effective date se record is filed.	e, but not a	n effective	time, at 12:0	1 a.m. on t	he ea	rlier o
October 30	2	017					
			•				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00