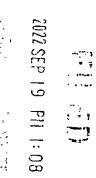
L18000254737

(Req	uestor's Name)	
(Add	ress)	
(Add	(ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	



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COVER LETTER

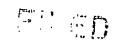
TO: Registration S Division of Co				
KatConsu SUBJECT:	lts, LLC		•	
3000ECT	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Katarina Conhyea			
		Name of Person		
		Firm/Company		
	600 La Villa Dr			
	Miomi Springe El 22144	Address		
	Miami Springs, FL 33166	City/State and Zip Code		
	kat.conhyea@gmail.com E-mail address: (to be used for future annual	report notification)	
For further information	concerning this matter, please co		. ,	
Katarina Conhyea		786 92	5-4076	
Name	of Person	Area Code	Daytime Telephor	ie Number
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo
Mailing Addre		Street A		
Registration Division of 0	Section Corporations	•	ation Section of Corporation	ıs
P.O. Box 63			ntre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KatConsults, LLC

2022 SEP 19 PH 1: 08

(Name of the Limited Liab	pility Company as it now appears on our reco	ords.)
(A rioi	rida Limited Liability Company)	37.17
The Articles of Organization for this Limited Liability	Company were filed on 10/31/2018	and assigned
Florida document number L18000254737		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Katarina Conhyea, LLC		
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "I.	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register		er the name of the new regis
gent and/or the new registered office address here	<u>2</u> :	
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street add	ress
	. 1	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 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
			□Add
			🗆 Remove
			□Change
		·	□Add
			🗀 Remove
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fective date, if other than the dan effective date is listed, the date must bete: If the date inserted in this block cument's effective date on the Department.	k does not meet the applica	022 o date of filing or more than ble statutory filing requi	(optional) n 90 days after filing.) Pursua rements, this date will no	ant to 605,02 of be listed
ecord specifies a delayed effective of is filed.	late, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	day after th
September 15	2022	-· a a		
ted		Conse	^_	

Filing Fee: \$25.00