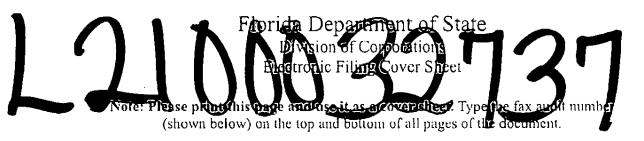
9/2/25, 10:50 AM

From: Charles Asma

Division of Corporations



(((H250003127173)))



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

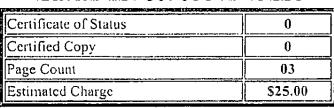
From:

Account Name : ASMA & ASMA, P.A. Account Number : I20060000067 : (407)656-5750 Phone

: (407)656-0486 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAR FAMILY CONSULTANTS LLC



M. SOLOMON

SEP - 3 2...5

Electronic Filing Menu Corporate Filing Menu

Help

Page: 2 of 4

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

(Name of the Limited Liability (A Florida L	Company as it now appears on our recor- imited Liability Company)	da)		
The Articles of Organization for this Limited Liability Cor	npany were filed on 07/16/2021	and assigned		
Florida document number L21000327371	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRE	<u></u>			
		2029		
	 -	SEI		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
TALLING WHITE STATE BETT A CON VALVED BOILD				
		re ω		
3. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter</u>	the name of the new register		
New Registered Office Address:				
TOWANGED SAID TANGESS.	Enter Florida street address			
	E.	, Florida		
	, r:	011GA		

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.

To: Florida Department of State Page: 3 of 4 2025-09-02 14:54:02 GMT 14073863174 From. Charles Asma

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

Title	Name	Address	Type of Action
DIR	JENNIFER GOHLKE KHAN, ESC	8866 DARLENE DRIVE	_ 🗆 🗅 Add
		ORLANDO, FL 32836	= Remove
		<u> </u>	_ □Change
MGR	JENNIFER GOHLKE KHAN, ESC	8866 DARLENE DRIVE	= Add
		ORLANDO, FL 32836	□Remove
		·	_ Change
			□Add
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	·		_ DAdd ;
			_ Change
			_ □Add
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		,	_ DRemove
			_ Change

Page; 4 of 4

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		P# :
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E. Effect (If an ef <u>Note:</u> docum	tive date, if other than the date of filing:  (optional)  (cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed that the date on the Department of State's records.	.0207 (3)(b) ed as the
if the recor record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	r the
Dated	August 31 2025	
	Septiantite of a member of supported representative of a member	
	Jenifer H. Gohlke Khan	