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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
Advanced Advanced	Technology Consulting Group	IIC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephanie Goebel		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	ZenBusiness Inc.		- 3
		Firm/Company	
	5511 Parkerest Drive, Ste.	103	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please co	all:	
Stephanie Goebel c/o Zo	enBusiness Inc.	844 493-6249	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he 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)
MAII	ING ADDRESS:	STREET/COUR	IFR ADDRESS:
Registr	ration Section	Registration Section	on
	on of Corporations ox 6327	Division of Corpo Clifton Building	rations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Technology Consulting Group L.L.C			
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our r mited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Com	npany were filed on 12/29/2021		and assigned
Florida document number 1.22000007566			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
Kudo Konsulting/ Advanced Technology Group L.L.C.			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbre	eviațion "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES			· · · ·
Trincipul office dudress most be A Street Abbres	<u></u>	<u> </u>	<u> </u>
		1 3 cm	
Enter new mailing address, if applicable:		1	
Mailing address MAY BE A POST OFFICE BOX)		rei	
3. If amending the registered agent and/or register		cords, <u>enter th</u>	e name of the
registered agent and/or the new registered office addres	<u>s here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street d	uddress	
		. Florida	
	City	_, FROTIGA	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	
				
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fective date, if other than the n effective date is listed, the date must ote: If the date inserted in this blo	ock does not meet the applic	able statutory filing	(optional) re than 90 days after filing requirements, this date) Pursuant will not b	to 605.02- be listed (
cument's effective date on the De	epartment of State's records				
record specifies a delayed The 90th day after the reco		ot an eff ective tir	me, at 12:01 a.m.	on the	earlier (
August 16	2022				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00