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COVER LETTER

	distration Section of Corp			•
eun irer.	KATHLEE?	N BROWN CONSULTING, L	LC	
Name of Person Mark Subject: Name of Person Moran KIDD L.YONS JOHNSON, P.A. Firm/Company 111 N. ORANGE AVENUE, SUITE 900 Address ORLANDO, FLORIDA 32801 City/State and Zip Code kseng@morankidd.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, p. sase call: Kenneth S. Gluckman Name of Person Name of Person Daytime Telephone Number				
The encloses	d Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return	i all correspor	idence concerning this matter i	to the following.	
		KENNETH S. GLUCKMA	AN	
			Name of Person	
		MORAN KIDD LYONS J	OHNSON, P.A.	
		<u> </u>	Firm/Company	
		111 N. ORANGE AVENU	E, SUITE 900	
			Address	
		ORLANDO, FLORIDA 32	2801	
			City/State and Zip Code	
				-tion)
		E-mail address: (1	to be used for future annual report notific	zation)
For further i	nformation co	oncerning this matter, phase ca	all:	
Kenneth S.	Gluckman		-A /	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	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:

٠, `.

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

KATHLEEN BROWN CONSULTING, LLC	_	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w		and assigned
L09000102682		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
KATHY BROWN CONSULTING, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and or registered off registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida	the name of the new
New Registered Agent's Signature, if changing Registered Agent:		
HER HEKBIETER USent a DISTRICT OF IL CHRISTING 1985-1980 1 180000	••	C

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 prover 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 Type of Action **Address** <u>Title</u> Name □ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ≧ DAdd **Æ** Rem**øve** Chates 20 ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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factive date if other than the	date of filing:		(or	tional)		
ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet the	applicable statutory	or more than 90 days at	ter filing.) Pu	rsuant to 60 I not be list	5.0207 ted as
e record specifies a delayed The 90th day after the rec		ut not an effecti	ve time, at 12:01	a.m. on	the earli	er of
July 9 Pated	2018					
	KA	Hown I				

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Typed or printed name of signee

Filing Fee: \$25.00