

| (Re | questor's Name) | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2016 NOV 1'4 PM 5: 08

K. SALY NOV 15 2016

COVER LETTER

| TO: | | ration Sect on of Corpo | | | |
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| eun iez | K | BS Counsel | ling Services LLC | | |
| SUBJEC | L: _ | | Name of Limit | ed Liability Company | |
| The encl | osed A | rticles of A | mendment and fee(s) are subn | nitted for filing. | |
| Please re | eturn al | l correspond | dence concerning this matter to | o the following: | |
| | | | Kevin Schmidt | | |
| | | | | Name of Person | |
| | | | KBS Counseling Services I | LLC | |
| | | | | Firm/Company | |
| | | | 2100 Lake Ida Road Ste 2 | | |
| | | | | Address | |
| | | | Delray Beach, Fl 33445 | | |
| | | | | City/State and Zip Code | - 1 3 3 7 3 7 |
| | | | kevinschmidt2001@yahoo.c | om o be used for future annual report notificat | 4 |
| a . | | | · | · | поп |
| For furth | ner info | rmation cor | ncerning this matter, please ca | II: | |
| Kevin S | Schmidt | t | | 305 310-6618 at () | |
| | | Name of F | Person | | elephone Number |
| Enclosed | d is a cl | heck for the | following amount: | | |
| □ \$25. | .00 Fili | ng 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:

TO:

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 ARTICLES OF ORGANIZATION

2016 NOV 14 PM 5:08

KBS Counseling Services LLC

| vere filed on <u>02/20/2012</u> | and assigned |
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| | |
| ity company here: | |
| y Company," the designation "L | LC" or the abbreviation "L.L.C." |
| 2100 Lake Ida Road Ste 2 | |
| Delray Beach, Fl 33445 | |
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| 2100 Lake Ida Road Ste 2 | |
| Delray Beach, Fl 33445 | |
| | |
| ice address on our reco | ords, enter the name of the |
| | |
| Enter Florida street address | |
| | Florida |
| City | Zin Code |
| | y Company," the designation "L 2100 Lake Ida Road Ste 2 Delray Beach, Fl 33445 2100 Lake Ida Road Ste 2 Delray Beach, Fl 33445 ice address on our reco |

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

| MGR = M AMBR = A | Ianager Luthorized Member | Address SECRETARY OF | |
|---------------------|------------------------------|---|----------------|
| <u>Title</u> | Name | Address Secret PM 5: 08 | Type of Action |
| | | Address SECRETARY OF STATE FALLAHASSEE. FLORIDE | □ Add |
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| | st be specific and cannot be prior to date of filing ock does not meet the applicable statutory | (optional) g or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as |
| record specifies a delaye he 90th day after the rec | | ive time, at 12:01 a.m. on the earlier of |
| October 20 | 2016 | |
| | win B Schmidt Signature of a member or authorized represent | tative of a member |
| | Kevin B Schmidt Typed or printed name of sign | |

Page 3 of 3

Filing Fee: \$25.00