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COVER LETTER

TO:

	egistration Se ivision of Cor					
eun irem	KADELS CASE MANAGEMENT, LLC					
SUBJECT	:	Name of Lim	ited Liability Company	 		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		KATHRYN DELGUIDIC	E			
			Name of Person			
		· ·	Firm/Company			
		53 SW 3 ST				
			Address			
		POMPANO BEACH, FL.	33060			
			City/State and Zip Code	-		
		INFO@ASGTAX.COM				
		E-mail address: (to be used for future annual report not	(fication)		
For further	information e	oncerning this matter, please ca	all:			
KATHRYN DELGUIDICE			561 843-0219			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
≣ \$25.00	Filing Fee	S30.00 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)		
	ailing Addres		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations			Division of Co			
P.	O. Box 632	7	The Centre of	Γallahassee		
T	allahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

KADELS CASE MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/10/2014}{2}$ Florida document number __L14000039853 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KADELS CONSULTING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending any other inform:	eton, enser enange(d)	ici (militari dadinon	an sheets, y heccoon,	•••		
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be pock does not meet the appeartment of State's reco	plicable statutory filing rds.	requirements, this date	will not be lis	sted as	
record specifies a delayed effective dis filed.	e date, but not an effectiv	ve time, at 12:01 a.m. or	i the earlier of: (b) Th	e 90th day aft		
APRIL 26 Dated	2022	. J			2022 MAY -2	
	A	700		KETĀR) AHASSI	MAY	
	Signature of a member or a	uthorized representative o	f a member		-2	
		7		E. FLOR	PH	
KATHRYN DELGUIE	ICE				ည်	

Filing Fee: \$25.00