L15000 186809

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (850)656-7956

: (850)656-7953 Fax Number

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

gkarch@karchlegal.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KARCH CONSULTING, LLC

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Electronic Filing Menu

Corporate Filing Menu

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MAY 20 2016

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

Karch Consulting, LLC					
(Name of the Limited Liab) (A Florid	ity Company as it now app la Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	October 30, 2015		and ass	igned
Florida document number L15000186809					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company	here:			
Karch Corporate Services, LLC					
The new stame must be distinguishable and contain the words "Lin	wited Liebility Company," th	e designation "LLC" or ti	he abbrevia	tion "L.	LC."
Enter new principal offices address, if applicable:	····				
(Principal office address MUST BE A STREET ADD	RESS)		₹ <u>Ţ</u>		
			드길	6	
			五六	Z Z	<u>, t</u>
Enter new mailing address, if applicable:			2	_	4 §
w ,		 	7:		# d
(Mailing address MAY BE A POST OFFICE BOX)				=	1 1 1
					1 1
B. If amending the registered agent and/or regis	stemad office address.		<u> </u>	\Box	Nitred and differences
registered agent and/or the new registered office add		on our records, gi)*	MATE I	or the We
Name of New Registered Agent:					
New Registered Office Address:					
	Enter F	lorida street address			
		, Florida			
	City			Code	
New Registered Agent's Signature, if changing Registers	M 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
1			□ Change
	•		□ Remove
			☐ Change
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			☐ Change

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tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requi nent's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be li
cord specifies a delayed effective date, but not an effective time, a 90th day after the record is filed.	at 12:01 a.m. on the ear
May 18, 2016	

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