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SECHETARY OF STATE

JAN 13 ZOS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: LK Consulting Services, LLC Name of Limited Liability Company	
The en	sed Articles of Amendment and fee(s) are submitted for filing.	
Please	urn all correspondence concerning this matter to the following:	
	Leign Anne Kappelman Name of Person	
	F:/C	
	Firm/Company	
	13 Longview Way N	
	Address	
	Palm coast, Dl 32137	
	0: 10: 12: 0 1	201
	E-mail address: (to be used for future annual report notification)	
	05.25 00.00	
For fur	W.O.	² m
_le	Name of Person at (440) 724-1446 The Area Code Daytime Telephone Number	
Enclos	is a check for the following amount:	
\$ \$2	O Filing Fee Sand Filing Fee Sand Filing Fee Sand Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Sand Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy

MAILING ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

LK (igns		vices, LLC	_	
(Name of the Limited	d Liability Company A Florida Limited Lia	as it now appears of bility Company)	n our records.)	
The Articles of Organization for this Limited Lia Florida document number		ere filed on J	18,2016	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of the following Ω/A	•			
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the desig	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)			
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	· · · · · · · · · · · · · · · · · · ·		
•		· ·		
B. If amending the registered agent and/o registered agent and/or the new registered offi		ce address on o	ur records, <u>enter th</u>	ne name of the new
New Registered Office Address:			· 5. 2	÷
New Registered Office Address.		Enter Florida	street address	-
•			, Florida	STATES
		City	NY SEE	Zip Code
New Registered Agent's Signature, if changing Re				O
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	r and complete po tered agent as pro egistered office a	erformance of my ovided for in Cha	y duties, and Lam far apter 605, F.S. Or, if	niliar with and this docume rt sis

If Changing Registered Agent, Signature of New Registered Agent

Title	<u>Name</u>	Address	Type of Action
AMBR	Robert Kappelman	73 Longvian Way N	Add
		13 Longviàu Way N Palm coast, FL 32137	Remove
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E. Effec	tive date, if other th	an the date of filin late must be specific and	g:	ate of filing or more the	optiona on 90 days after filir	I) or) Pursuant to 60:	5 0207 (3)(b)
Note:	If the date inserted in	this block does not a	meet the applicable	statutory filing requ	uirements, this da	te will not be list	ed as the
docu	ment's effective date of	n the Department of S	State's records.				
If the re	ecord specifies a de e 90th day after ti	elayed effective o	date, but not ar	n effective time,	, at 12:01 a.m	. on the earli	er of:
(0) 111	e sour day arter a	ie recora is meg.	•				
Data	Jan. 8		2016				,
Date	1 000.0		, 7010		₽ _{cc}	2016	
		Yroion.	Janne CKO	Dodman -	C		•
		Signature of a	member or authorize	d representative of a n	nember	2	- % - 4 * - 5 *
		- اینامیا		-1	member 3550	72	
		Leigh P	mne kapp	elman_			
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			Page 3 c	of 3		•	

Filing Fee: \$25.00