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2017 MAR 24 AN 7: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIG:

K. SALY MAR 2 7 2017

Florida Department of State Division of Corporations

Name	KANUT J KHOSLA
Address	3539 APALACHEE PARKWAY
City, State,	Zip TALLAHASSE, FL 32311
Telephone n	umber 850-309-7225
Country of	destination VENEZUELA
Number of	certificates requested
Total fees or	

PAKMAIL	#450
3539-C Apalachee Parkway	®

3539-C Apalachee Parkway Tallahassee, FL 32311 (850) 309-7225

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COVER LETTER

	istration Sec ision of Corp			
CUBIECT.	SERVICIOS	CONSULARES KP, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		PETER CRABTREE		
			Name of Person	
		SERVICIOS CONSULAR	ES KP, LLC	
			Firm/Company	
		2800 GLADES CIRCLE, S	SUITE #121	
			Address	
		WESTON, FL 33327		
			City/State and Zip Code	
		sconsularesKPC@hotmail.co		
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	ıll:	
PETER CRA	ABTREE		954 385-1737 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	iling 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:

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

2017 MAR 24 AM 7: 23

TALLAHASSLE, FLORIDA

SERVICIOS CONSULARES KP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

,	Entitled Enterity Company)	ECHIDA
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/25/2016	and assigned
Florida document number L16000136560	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
SERVICIOS (CONSULARES KPC, LLC	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or register	ered office address on our records, <u>ent</u>	er the name of the nev
registered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City:	Zip Code
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.

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: FILED 2017 MAR 24 AM 7: 23 Type of Action MGR = Manager AMBR = Authorized Member TALLAHASSEE, FLORIDA **Title** <u>Name</u> <u>Address</u> _□ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change _D Add ☐ Remove ___ Change _□ Add _□ Remove _ Change ☐ Add □ Remove

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n effective date is listed, the date must l	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ck does not meet the applicable statutory filing requirements, this date will not be listed as t
ocument's effective date on the Dep	partment of State's records.
	effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the reco	rd is filed.
. MARCH 27TH	2017
ted	
	MAL
	ignature of a member or authorized representative of a member
	PETER CRABTREE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00