# L16000187388

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(Cit	ry/State/Zip/Phone	e #)
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## Registration Section Division of Corporations

#### **COVER LETTER**

KG Consu	lants LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Greg Scharfeld		
	<del> </del>	Name of Person	
		Firm/Company	· <del></del>
	600 Metro West Blvd, Ste	205	
		Address	
	Orlando, FL 32835		
	greg@trinityfinancialllc.com		
		to be used for future annual report notif	fication)
For further information	concerning this matter, please co	all:	
Greg Scharfeld		321 217-2794 at ()	
Name	of Person		Telephone Number
Enclosed is a check for t	he following amount:	•	
■ \$25.00 Filing 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

2016 DEC-5 PM 2:55 KG Consultants LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10-10-2016}{10-10-2016}$ Florida document number L16000187388 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KG Consulting Group 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 City

#### 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 ir removed from our records:

MGR = Manager AMBR = Authorized Member		FILED			
<u>Title</u>	<u>Name</u>	Address	FILED 2016 DEC -5 PM 2: 55	Type of Action	
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<b>Pective date, if other than the d</b> n effective date is listed, the date must	ate of filing:	rior to date of filing or n	(optional)	) - ) Pursuant to 605 0207 (3
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record specifies a delayed	effective date but	not an effective t	time, at 12:01 a.m.	on the earlier of:
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November 30	2016			
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Typed or printed name of signee

Filing Fee: \$25.00