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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: KMSA LLC (KMSA Consulting LLC) Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Katya 1 Serovia Abovarab Name of Person
	KMSA LL C Firm/Company
	7744 Collins Ave apt 4
	Miani Beach FL 33141
	Miami Beach FL 33141 City/State and Zip Code Katya Segovia a mail· com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
_ <u>K</u>	Catya Segovia Abovarab at (310) 4667994 Name of Person Name of Person Name of Person
1/	ed is a check for the following amount: 5.00 Filing Fee \$\B\$\$30.00 Filing Fee & \$\B\$\$ \$\Certificate of Status \$\Certi
	(additional copy is enclosed) 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now ap A Florida Limited Liability Compa	Dears on our records.	(LC)
The Articles of Organization for this Limited Lie Florida document number 1/6000 21	ability Company were filed on	1101/01/	and assigned
This amendment is submitted to amend the follo	wing: MGR and AM	BR	
A. If amending name, enter the new name of	the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," (the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		3 1
(Principal office address MUST BE A STREET	<u>r ADDRESS)</u>	***************************************	
Enter new mailing address, if applicable:			量し
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or the new registered off		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Katya Marie	Segovia Abou	arab
New Registered Office Address:		77. 1	
	Enter	Florida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing R	egistered 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

	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Addres	<u>s</u>	Type of Action
MGR	Katya MS	egovia Abouarab	37744 Collins Ave	
		oq-	t 4, Miani Beach, 7	FC □ Remove
			3141	Change
AMBR	Katya M.	Degovia Abourab	7744 Collin Le 4 Miani Beach FL	🗹 Ádd
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(If an ef Note:	tive date, if other than the date of filing:	0207 (3)(b d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	26/Jan/2017	
	Signature of a member or authorized representative of a member Katya Marie Second Abovarab Typed or printed name of signee	

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Filing Fee: \$25.00