

L17000067278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

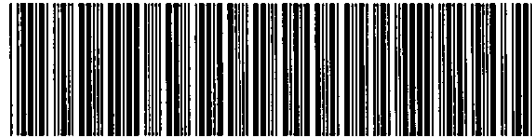
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Km Rising Solutions L.L.C  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristina Madden (formerly Mullins)  
Name of Person

Km Rising Solutions L.L.C (need this changed)  
Firm/Company

4022 Ariva Lane #103  
Address

Lakeland, FL 33812  
City/State and Zip Code

Kristina@KristinaMadden.com (Please update this for everything)  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Madden at (239) 938-4995  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Km Rising Solutions L.L.C

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

*-originally  
3-24-2017*

The Articles of Organization for this Limited Liability Company were filed on 2-13-18 and assigned  
Florida document number L17000067278

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Kristina Madden Consulting Solutions 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)

4022 Ariva Lane #103  
Lakeland, FL  
33812

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4022 Ariva Lane #103  
Lakeland, FL  
33812

**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:

Kristina Madden

New Registered Office Address:

4022 Ariva Lane #103

Enter Florida street address

Lakeland

City

Florida

33812

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.*

Kristina Madden

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Timothy Madden	4022 Ariva Lane	<input checked="" type="checkbox"/> Add
		#103	<input type="checkbox"/> Remove
		Lakeland, FL 33812	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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18 FEB 19 AM 9:49  
SOUTH FLORIDA  
HHS-SEC. FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Km Rising Solutions @gmail → Change to Kristina@  
Kristina Madden.com

To Whom it may concern:

\* I submitted this to update my married name with you. (See court document attached)

\* Kristina Mullins → is now Kristina Madden

\* I am also submitting this to change the name of my business/company.

Km Rising Solutions → Changed to Kristina  
Madden Consulting  
Solutions

\* Also the previous pages reflect my new address, ph number, and email

E. Effective date, if other than the date of filing: 2-13-18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 65.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

February 13<sup>th</sup>, 2018

Kristina Madden

Signature of a member or authorized representative of a member

Kristina Madden

Typed or printed name of signee

Note: Please call me if you need additional information 239-938-4995