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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JIM C MOREL Name of	Limited Liability Company Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar Please return all correspondence concerning this m	
Clau	Name of Person
Jim C Y	Morell Consulting LLC Firm/Company
4611 741	Street Ct. E. Address
Ellent WRAO @	City/State and Zip Code Caty/State and Zip Code
E-mail addr	<u>'</u>
Claude N. Morell Name of Person	at (94) 744-6670 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of State	
MAHINZ ADDRESS.	CERTER/ALBERT ANALOS

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**

Jim C MOR	ell Consulting LLC. ed Liability Company as it now appears on our records.)
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number L/2co/6	ability Company were filed on July 28, 2017 and assigned
This amendment is submitted to amend the follow	owing:
A. If amending name, enter the new name of	the limited liability company here:
	9 4
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "KAC."
Enter new principal offices address, if application	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	80X)
B. If amending the registered agent and/or the new registered of	or registered office address on our records, enter the name of the new fice address 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 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

If amending or removed	Authorized Person(s) authorized to ma	nage, enter the title, name, and address of each	person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wanda M. Morell	4611 7th Street Ct. E. Ellenton, FL 34222	Add
			D Remove
			Change
			D Add
			Remove
			Change
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			Remove
			Change
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. If amending any other inform	estion onto a change(a) l	hans (Attach addition	alahan Kanaman	
is amending any other inform	ation, enter change(s)	nere: TAHacn adamon	ai sneeis, ij necessary.)	1
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Effective date, if other than the (If an effective date is listed, the date may be in this be document's effective date on the I	block does not meet the app	plicable statutory filing i	(optional) e than 90 days after filing.) P requirements, this date wi	'ursuant to 605.0207 (3)(t ill not be listed as the
he record specifies a delaye The 90th day after the re	d effective date, but cord is filed.	not an effective tin	ne, at 12:01 a.m. or	the earlier of:
Dated Sept 6, 21	217	·		
John !	Signature of a member or a	uthorized representative of	a member	
	Typed or pi	rinted name of signee		
	P:	age 3 of 3		

Filing Fee: \$25.00