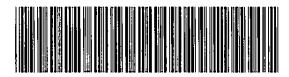
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SUBJECT:		ulting Services, LLC		
Soboler	·	Name of Limi	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Nicholas Romano		
			Name of Person	
			Firm/Company	
		541 Lynn St		
			Address	
		Oviedo, FL 32765		
			City/State and Zip Code	
		KAMconsulting81@gmail.c	com to be used for future annual report notif	fication)
For further	information c	oncerning this matter, please ca	•	,
Nicholas R			407 340-4482 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne 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

KAM Consulting Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 7th, 2017 and assigned Florida document number L17000168072 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation, 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 , Florida _ 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Nicholas Romano	541 Lynn St	A dd		
		Oviedo, FL 32765	Remove		
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in effective date is listed, the date	must be specific	and cannot l				days after fili	ng.) Pursuant to 60	
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Typed or printed name of signee

Filing Fee: \$25.00