11700021794

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600305914286

11/27/17--01024--014 **25.00

NOV 2 8 2017

Y SULKER

COVÉR LETTER

Divisi	on of Corp	orations			
	.KV Consu	-			
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed A	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		I
Please return a	ll correspor	ndence concerning this matter	to the following:		
		Lesa K Vandagriff			
			Name of Person		
		LKV Consulting, LLC			
			Firm/Company		
		855 Pickett Road			
			Address		:
		The Villages, FL 32163			
			City/State and Zip C	ode	
		lvandagriff@lkvconsultingl	lc.com to be used for future an	nual report notificat	tion)
For further info	ormation co	oncerning this matter, please ea		·	
Lesa K Vanda	griff		352	446-0803	
 	Name of	Person	Area Code	Daytime To	elephone Number
Enclosed is a c	heck for th	e following amount:			
		□ \$30.00 Filing Fee &	□ \$55.00 Filing I	·ee &	□ \$60.00 Filing Fee,
		Certificate of Status	Certified Cop (additional copy	y	Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS:		EET/COURIER	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LKV Consulting LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed or	on 20 October 2017 and assigned
Florida document number L17000217994	I
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
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)	
	77
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	τ
	<u>.</u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	er Florida street address
	WI. 14.
City	, Florida 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.

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
AMBR	Brent E Vandagriff	855 Pickett Road, The Villages, Fl ろえいゆう	
			Remove
			□ Change
	<u> </u>		Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Adid
			C Remove
		<u> </u>	Change
		T I	□ Add ♡: 4~
			— □ Rêmove
			Change
			Add
			Remove
			Change
			C Add
			□ Remove
			Change

·	· · · · · · · · · · · · · · · · · · ·
	,
· · · · · · · · · · · · · · · · · · ·	
	
	<u> </u>
·	
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or E: If the date inserted in this block does not meet the applicable statutory fil iment's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 60 ling requirements, this date will not be lis
record specifies a delayed effective date, but not an effective ne 90th day after the record is filed.	e time, at 12:01 a.m. on the earl
10.11. 1.11. 20 00.11	
* 10 rm ver 20, 2017.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00