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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

COVER LETTER

Division of Corpo	rations		
SUBJECT: KD'S	Extra Hands Name of Limi	Services LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	KEidrick	7. No 51/ Name of Person/	
	KD's Extra	Hands Services LL Firm/Company	<u>C</u>
	3425 Kilma	Address Address	
	Apopka, Kdextrahands	F1. 32712 City/State and Zip Code //c @ gmail. Com to be used for future annual report not	fication)
	cerning this matter, please ca		,
Keidrick Name of P	erson Soby	at (<u>407</u>) <u>864-</u> Area Code Daytin	3677 e 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:

TO:

Registration Section

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

KDS Extra Hands	Services LLC	
(Name of the Limited Liability (A Florida	N Company as it now appears on our record Limited Liability Company)	<u>us.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on Jan. 23, 2	and assigned
Florida document number <u>L 18 0000 1996 l</u>	<u>_</u> .	
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 "LLC" 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 ner registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	A 700-40
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	R HAS
		T SECTION SECT
		1,1
Enter new mailing address, if applicable:	_	<u>_</u>
(Mailing address MAY BE A POST OFFICE BOX))
		is, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	Ciţy	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Keidrick T. Doby	3425 Kilmarnock Drine	M Add
	,	Apopka F1. 32712	Remove
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	ive date, if other than the date of filing: \(\frac{1}{20} \) \(\frac{5}{20} \) \(\frac{5}{20} \) \(\frac{5}{20} \) (optional) (rective 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 605 (filter date in particular to this date will not be listed to the property of the particular to 1000 (filter date).	5.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nent's effective date on the Department of State's records.	icu a
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	ier c
ted	Signature of a member or authorized representative of a member	
(Cti		
ice.		

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Filing Fee: \$25.00