L180000335C5

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.
}

Office Use Only



600365431346

05/14/21--01026--003 **25.00

6/21/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KMBM Consulting, LhC 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:
Kimberlan M. Bridgett Name of Person
KMBM Consulting, LLC Firm/Company
932 La Costa Way
Lantana F2 33462 City/State and Zip Code
E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberlan Bridgett at (561) 312-9165 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ \Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$

. .

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMBMC	Consulting b	J.C
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on Febr	ucry 6,2018 and assigned
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	, Florida
N D : 14 3 C: 2 7 1 1 D : 14	ζιή	ing 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 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>	Name	Address	Type of Action
AMBR.	Kimberlan M. Bridgett	932 La Costa Way	□Add
		Lastara, FL 33462	□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			: Change
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	Remove
			∏(Change

an effective date is listed, the date must be	ate of filing: February 1, 2019 e specific and cannot be prior to date of filing or more does not meet the applicable statutory filing artment of State's records.	re than 90 days after filing.) Pursuant to 605.0207
	late, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after the
is filed.		સુ
3	2021	
ated May 10th	muelan M. Bridget gnature of a member or authorized representative o	f a member