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COVER LETTER

TO:	Registration Se Division of Co			;	
OUDI		SULTANTS, LLC			
SUBJE	CI:	Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		KENNETH MARPLE			
		KAS CONSULTANTS, I	Name of Person		
Firm/Company					
6516 WINDING OAK DR					
		TAMPA, FL 33625	Address		
		kmarp001@yahoo.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report	notification)	
For fur	ther information c	oncerning this matter, please co	aII:		
KENNETH MARPLE		813 833-576			
	Name o	f Person	Area Code Day	time Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$ 25	0.00 Filing Fee	S30.00 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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive	porations g	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAS CONSULTANTS, LLC		
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabili		7/2018 and assigned
Florida document number L1800077995	·	
his amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :
) A
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	= NA	
<u>Principal office address MUST BE A STREET AI</u>	ODRESS)	
		···· ;
Enter new mailing address, if applicable:	NA	
Mailing address MAY BE A POST OFFICE BOX	2	
· · · · · · · · · · · · · · · · · · ·		
 If amending the registered agent and/or registered agent and/or the new registered office. 	0	our records, enter the name of the
		
Name of New Registered Agent:	NA	
New Registered Office Address:		
	Enter Flori	da street address
_		Florida
	City	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>	<u>Address</u>	Type of Action
MGR	ASHLEY DAVIS	2221 MUNDARE DR HENDERSON, NV 89002	_ □ Add
		2221 MUNDARE DR HENDERSON, NV 89002	■ Remove
			☐ Change
			Add
			□ Remove
		<u> en </u>	Change
			Add
			☐ Remove
			☐ Change
			Add
			t i Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			☐ Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective	date, if other than the date of filing: (optional)
(If an effecti <u>Note:</u> If t	we 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 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the continuous of the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	··
	Signature of a member or authorized representative of a member
	ASHLEY DAVIS

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Typed or printed name of signee

Filing Fee: \$25.00