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K. SALY JUN J () 2019

## COVER LETTER

TO:

TO: Registration Sect Division of Corpo			•
SUBJECT: KON	SUL DEUKL	Liability Company	
	Name of Limited	Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitt	ed for tiling	
	dence concerning this matter to the		
	SARKIS K		
		Name of Person	
	Konsul 1	PENELOPMENT L	LC.
	2	Firm/Company	
	1224 SIAG	CATE DR. APT 2	<u> </u>
	Vancus 17	BOR FL. 346P:  City/State and Zip Code  B GMAIL, COM  e used for future annual report notification)	
	E-mail address: (to be	e used for future annual report notification)	
For further information cor	neerning this matter, please call:		
SALKIS K.	ONSULIAN	at (813) 546 - 168 Area Code Daytime Telephone Nu	<u>'5</u>
Name of I	<sup>3</sup> erson	Area Code Daytime Telephone Nu	ımber
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Certified Certified Certified Certified Copy (additional copy is enclosed)	00 Filing Fee, tificate of Status & tified Copy tuonal copy is enclosed)
Registrat	G ADDRESS: ion Section of Corporations . 6327	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building	SS:
	see, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

1/ 10	2018 JUN 10 PM 1:41
KONSUL DEVELOR	PMBNT LLC SCURETARY OF
(Name of the Limited Liability (A Florida I	Company as it now appears on our records. [ALL AHASSEE. FLORID]
	1 1 line of
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{10/17/18}{10/13/18}$ and assigned
Florida document number <u>L/Y000 244 156</u>	mpany were filed on 10/17/18 / 10/15/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
KONSUL DEND LOPMENT	d Liability Company," the designation "L.E.C" or the abbreviation "E.E.C."
The new name must be distinguishable and contain the words "Limite	
Enter new principal offices address, if applicable:	SS) PALM HARBOR FL. 34685
(Principal office address MUST BE A STREET ADDRE	SS) PALM HARBOR FL. 34685
Enter new mailing address, if applicable:	PALM HARBOR FL. 3468
(Mailing address MAY BE A POST OFFICE BOX)	PALM HARBOR FL. 3468
R If amending the registered agent and/or register	red office address on our records, enter the name of the new
registered agent and/or the new registered office addre	
Name of New Registered Agent:	SPRKIS KONSULIAN
New Registered Office Address: /2	SPRKIS KONSULIAN 24 SMAGATY DR. APT 211
+	Enter Florida street address
PA	im HARBOR, Florida 34685  Cuy Zup Code
<del>,</del>	Cuy Zup Code
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent an	d agree to act in this capacity. I further agree to comply with the
	plete performance of my duties, and I am familiar with and
	nt as provided for in Chapter 605, F.S. Or, if this document is 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

Page 1 of 3

MGR = M		FILED,	
AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address 2019 JUN 10 PM 1:	Type of Action
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ve date, if other than the date of filing:	(optional)
ective date is listed, the date must be specific and cannot be prior to date of filing or n If the date inserted in this block does not meet the applicable statutory filin	
ent's effective date on the Department of State's redords.	
ord specifies a delayed effective date, but not an effective t	ime at 12:01 a.m. on the ea
90th day after the record is filed.	
6/10/2019	
6/10/2010	
Signature of a member or authorized representative	of a member
SARKI'S KONSULIAND Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00