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COVER LETTER

	gistration Sec vision of Corp		,			
EUD IECT.	Commercial Vehicle Consulting, LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		KrisTina Muia				
			Name of Person			
			Firm/Company			
		2810 W. Wallace Ave				
		Tampa, FL 33611	Address			
		ktmuia@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report no	tification)		
For further in	nformation co	ncerning this matter, please ca	all:			
KrisTina Mı	uia		813 295-3482 at ()			
	Name of	Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for the	e following amount:				
\$25.00 F	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:

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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

Commercial Vehicle Consulting

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears to buffre colds.) A & 39

The Articles of Organization for this Limited Liability Company	were filed or	n 1041 8	20[8[ASE	EE. FLORID And assigned	
Florida document number L18000245121					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity compan	ny here	:		
KTConsult, LLC					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company,"	the design	gnation "LLC	" or the abbreviation "L.L.C."	
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)				· · · · · · · · · · · · · · · · · · ·	
	<u> </u>				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ss on o	ur records	s, enter the name of the r	<u>ew</u>
Name of New Registered Agent:					
New Registered Office Address:	Enter	r Florida	street address	<u> </u>	
	, Florida				
	Cîty		, 110	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performanc	ce of my	v duties, an	d I am familiar with and	he

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
			□ Add
			☐ Remove
			Change
_			
			Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
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			☐ Remove
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E. Effecti	ive date, if other than the date of filing ective date is listed, the date must be specific and		(optional)	605 U207 (2)
Note:	If the date inserted in this block does not ment's effective date on the Department of Si	eet the applicable statutory fil	ing requirements, this date will not be	listed as the
	cord specifies a delayed effective do 90th day after the record is filed.	ate, but not an effective	time, at 12:01 a.m. on the ea	rlier of:
Dated :	2.13.19			
	Signature of a n	nember or authorized representati	ve of a member	-
	KrisTina Muia			

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Typed or printed name of signee

Filing Fee: \$25.00