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A. BUTLER

JAN - 5 2023

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co					
	Consulting LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Dewayne Kimble				
		Name of Person			
	KMD 89 Consulting LLC				
Firm/Company					
		Address			
	Apollo Beach, FL 33572				
City/State and Zip Code					
info@kmd89.com					
For further information	concerning this matter, please concerning this matter.	to be used for future annual report notification) all:			
Dewayne Kimble		855 765-3137 Feb. 0			
Name	of Person	Area Code Daytime Telephone Number			
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
<u>Mailing Addre</u> Registration		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	
KMD 89 Consulting LLC		7077 007 11 00 0 50
(Name of the Lim	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.) 11 11 3: 56
The Articles of Organization for this Limited I		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new-name	of the limited liability company her	<u>e</u> :
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 appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		cords, enter the name of the new register
Name of New Registered Agent:		
	235 Apollo Beach Blvd.	<u> </u>
New Registered Office Address:		da street address
	Apollo Beach	, Florida ³³⁵⁷²
	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 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>	Address	Type of Action
		□Remove	
			□Change
			□Add
			□Remove
			□ Change
			
			□Remove
			□Change
		 	
		<u> </u>	□Remove
			□ Change
			□Add
			□ Remove
			□Change
		□Add	
		□Remove	
			□ Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: ___ (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ____ Signature of a member or authorized representative of a member Dewayne Kimble

Typed or printed name of signee