## 118000288100

(Re	questor's Name)	-
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
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S. YOUNG

FILED

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## **COVER LETTER**

TO: Registration 8 Division of Co			
SUBJECT: KAUZ 8	REFFECT CONSULTING	G, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Processing Departme	nt	
		Name of Person	<del></del>
		Firm/Company	
	5605 Riggins Court	Suite 200	
		Address	
	Reno. NV 89502		
		City/State and Zip Code	
	returndocs@incauthority.d E-mail address: {	com to be used for future annual report noti	tication)
For further information	concerning this matter, please c	all:	
Processing Department		at ( <u>877</u> ) <u>462-6366</u> Area Code Daytim	
Nume	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
☑ \$25.00 Fifing 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)
Regis	LING ADDRESS: stration Section tion of Corporations	STREET/COURI Registration Section Division of Corporation	on

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## KAUZ & EFFECT CONSULTING, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/17/18 and assigned Florida document number <u>L1</u>8000288106 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 9 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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
MGR_	Stephanie Kauzlarich	210 Manor Ln	
		St. Johns, FL 32259	☑ Remove
		<del></del>	Change
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			D Add
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			☐ Change
			Add
			Remove
			☐ Change

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n effect <u>ste:</u> If	e date, if other than the date of filing: 03/20/19 (optional) (optional) ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ed	20 March , 2019.
	+2-Landaux
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

MAILING: Dept. of State

**Division of Corporations** 

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corpo

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Wednesday, March 20, 2019

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment to Articles of Organization For KAUZ & EFFECT CONSULTING, LLC

We have included payment in the amount of \$25\_\_\_\_ for the following fees:

• Amendment fee

We have included one original

If there are any questions, please call 800-638-2320

Please return the file stamped copy of the Articles of Amendment to Articles of Organization to the address below:

Processing Department 5605 Riggins Court Suite 200 Reno NV 89502