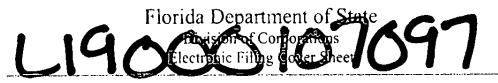
rage:

07/21/2022

06:31 PM TO:18506176383 FROM:3213660511

7/21/22, 2.38 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000247884 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : I20220000100 Phone : (321)366-0510 Fax Number : (321)366-0511

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CKO CONSULTING AND TAX SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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JUL 22 2022

K. Brumbley

:	3	07/21/20	022 06:31 PM	TO:18506176383	FROM: 3213660511 4 3
				COVER LETTER	
٦	ro;	Registration Sec Division of Corp			•
•	SUBJE		CONSULTING AND TAX	CSERVICES LLC	
•	.,(,1,,,1,2	···	Name of Li	mited Liability Company	
-1	The enc	tosed Articles of /	Amendment and fee(s) are st	ibmitted for filing.	
[	Please r	eturn all correspor	idence concerning this matte	er to the following:	
			KLEBER JOSE O	LIVEIRA	
				Name of Person	- <del> </del>
			CKO CONSULTI	NG AND TAX SERVICES I	LC
				Furn Company	The state of the s
			1821 PLUMAS W	/AY	
				Address	
			ORLANDO - FL	- 32824	
				City/State and Zip Code	
				RVICES@GMAIL.COM  : (to be used for future annual rep	sort notification)
1	l'or furt	her information co	ncerning this matter, please	-	,
	KLEB	ER JOSE OLIVE	IRA		5 2829
-		Name of	Person	at () Area Code	Daytime Telephone Number
	Fanlasa	ul io a abasto facili	a fall code a success.		
í		5.00 Filing Fee	e following amount:  \$30.00 Filing Fee & Certificate of Status	U \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration S Division of Co P.O. Box 6322	ection orporations	Division of	ress: on Section of Corporations re of Tallahassee
		Tallahassee, F	L 32314		Monroe Street, Suite 810 ee, FL 32303

Page: 4 07/21/2022

06:31 PM

TO:18506176383

FROM: 3213660511 H 220472478843

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·- <del></del>	ted Liability Company as it now and (A Florida Limited Liability Compan	ears on our records.)		-	
The Articles of Organization for this Limited L. Florida document numberL19000107097	iability Company were filed on		and a	assigned	l
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liability company	here:			
The new name must be distinguishable and contain the v	words "Limited Liability Company," th	ne designation "LLC" or the	: abbreviation	"L.L.C."	<del></del>
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX <sub>I</sub>				<del></del>
		r records, <u>enter the na</u>	ame of the n	2022	istered
		r records, <u>enter the na</u>	ame of the n	2022 يارال	<u>istered</u>
•	ss here:	r records, <u>enter the o</u> z	ame of the n	2022 JUL 22	istered
agent and/or the new registered office addre	KLEBER JOSE OLIVEIRA  1821 PLUMAS WAY	Florida street address	325824	2022 يارال	istered

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

Page:	5	07/21/2022	06:31 PM	TO:18506176383	FROM: 3213660511	TOUL
	•	•			~ V===	

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

<b>2ltiT</b>	<u>Name</u>	Address	Type of Action
AMBR	KLEBER JOSE OLIVEIRA	1821 PLUMAS WAY-ORLANDO-FL-32824	<b>≣</b> Add
			□ Remove
			Change
AMBR	CRISTIANE OLIVEIRA SILVA	1821 PLUMAS WAY-ORLANDO-FL-32824	□ Add
			<b>≣</b> Remove
			□Add
			□Remove
			□ Change
			□Add
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			∏Chance

If amer	nding any other in	iformation, enter c	hange(s) here: (Attach ad	ditional sheets, if necessary.)	
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Note:	If the date inserted in	ean the date of fundate inust be specific and this block does not a the Department of the Department o	neet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to tilling requirements, this date will not be l	505.0207 (3)(b isted as the
		effective date, but no	t an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day a	fier the
Dated_	JULY 20		. 2022		
		Signature of a	member or authorized represent	ative of a member	
		KLE	BER JOSE OLIVEIRA		
	ord is file	ord is filed.	DatedSignature of a	Dated	Dated

Filing Fee: \$25.00

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