119000253898

(Re	questor's Name)	
(Adu	dress)	
(1.44	a. 000)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	····
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Office Use Only



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R. WHITE DEC 0 8 2011



November 17, 2020

RENAE WRIGHT 1681 NW 70TH AVE #408 PLANTATION, FL 33313

SUBJECT: K & R CONSULTING ASSOCIATES LLC

Ref. Number: L19000253898

We have received your document for K & R CONSULTING ASSOCIATES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00023154

Rebekah White Regulatory Specialist II Supervisor

COVER LETTER

. Registration Section

TO:

Division of Cor	porations		
	sulting Associates LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Renae Wright		
		Name of Person	
	K & R Consulting Associa	ites LLC	
		Firm/Company	
	1681 NW 70TH AVE #40	8	
		Address	
	PLANTATION FL 33313		
		City/State and Zip Code	
	INFO@KRCONSULTING		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
RENAE WRIGHT		305 8967625 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
Division of C	-	Division of Co	-
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & R Consulting Associates LLC

2020 -7 00 2:37

(<u>Name of the Lim</u>	ited Liability Comps (A Florida Limited	any as it now appears of Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number <u>L19000253898</u>	Liability Company	were filed on 10/09	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here	;
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2598 E. SUNRISE	BLVD
		SUITE 2104	
		FORT LAUDERD	ALE. FL 33304
Enter new mailing address, if applicable:		2598 E. SUNRISE	BLVD
(Mailing address MAY BE A POST OFFICE	(BOX)	SUITE 2104	
		FORT LAUDERD	PALE, FL 33304
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	0	address on our rec	ords, enter the name of the new registered
	2500 E CLINID	ISE BLVD SUITE 21	04
New Registered Office Address:	2340 E. SUNK		t street address
	FORT LAUDE		, Florida ³³³⁰⁴
		City	Zin 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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	KEMORA WHITELOCKE	20106 NW 32 PLACE	≣Add
		MIAMI GARDENS FL 33056	□Remove
			☐ Change
	 		□Add
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		 	\ Change
			□Add
			Remove
			□Add
			□Remove
			□Change

N/A	
	
	<u> </u>
	<u> </u>
effecti <u>e:</u> If	date, if other than the date of filing:
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	Ma 25ª 1020.
	1170
	Signature of a member or authorized representative of a member
	$R = I_{2} \cdot I_{1}$
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