## L19000265626

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	ENDERS LLC	<b>(</b> .	
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	KATHY M. MCNEIL		
		Name of Person	
	KMM CONS	SULTANTS, LLC Firm/Company	<u></u>
	934 N UNIVERSITY DRIV	/E. 110	
		Address	
	CORAL SPRINGS, FL 330	71	
	<del></del>	City/State and Zip Code	
	E-mail address: (to	De used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	n:	
Kathy Mc	Nei \ f Person	at (Olf) Area Code Daytim	0540 e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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		Street Address:	etion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCNEIL LENDERS 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  $\frac{10/23/2019}{2}$ Florida document number \_ L19000265626 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KMM CONSULTANTS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1591 NW 100TH DRIVE Enter new principal offices address, if applicable: CORAL SPRINGS, FL 33071 (Principal office address MUST BE A STREET ADDRESS) 934 N UNIVERSITY DRIVE Enter new mailing address, if applicable: 110 (Mailing address MAY BE A POST OFFICE BOX) CORAL SPRINGS, FL 33071 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 , Florida \_ City

## 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
			□Adđ
			□Remove
			□ Change
			□Add
			□Remove
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Effective date, if other than the date of filing:  [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  Note: The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as:  document's effective date on the Department of State's records.  erecord 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 d is filed.  Dated  MARCH 6  2020  Signature of a member or authorized representative of a member				
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CHILL OF P	MARCH 6	2020		
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		organism of a district of addition	ou opinionamento or a membro	

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