L21000101323

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COVER LETTER

TO: Registration Se Division of Cor					
KayshasKo	onsulting M.C.				
SUBJECT:		ited Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kaysha Peoples				
		Name of Person		 -	
	KayshasKonsulting LL	<u> </u>		202 SE	
		Firm/Company		2021 APR SECRETA	
	9143 SW 35th street				•
		Address			
	Miramar 33025			PH 4: I	ļ
		City/State and Zip Code			
	iriesister@yahoo.com			_	
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please of	all:			
Kaysha Peoples		954 707 3263			
Name o	of Person		e Telephone Numl	ber	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ied Copy is enclosed)	
Mailing Addres		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Cor			
P.O. Box 632	27	The Centre of 7	Γallahassee	240	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KayshasKonsulting UC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Compa	ny were filed on March 2, 2021	and assigned
Florida document number L21000101323		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	202 SE
Kayshas Konsulting 👊		鸦言们
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbreviation L.L.C.
Enter new principal offices address, if applicable:	#-#	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	55,97
		[[[]]] [] [] [] [] [] [] []
		一一
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u>	he name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 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	Kaysha Peoples	9143 SW 35th Street, Miramar FL. 33025	= Add
			□Remove
			□Change
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		<u> </u>		
Effective date, if other than the ot	ust be specific and cannot be prior to date of block does not meet the applicable stat	(option) filing or more than 90 days after fi utory filing requirements, this o	a l) ling.) Pursuat late will not	nt to 605.0207 be listed as a
e record specifies a delayed effect rd is filed.	ive date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	The 90th d	lay after the
March 2	2021			
Dated Charles 2	144			
Dated Watch 2	Signature of a member or authorized rep	resentative of a member		

Filing Fee: \$25.00