L21000204559

(Re	equestor's Name)	 -
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
		6/25/31



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Office Use Only

COVER LETTER

TO: Registration So Division of Col			
SUBJECT:	ich Man Can Name of Lim	sulting LLC	
<u></u>	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		
	Juan 1	Palle RESTIE	Pe:
		Name of Person	
	Rock	Firm/Company	9 LLC
	15012	SW 139th Pa	<i>i</i> -
	· · · · · · · · · · · · · · · · · · ·	Address	
	M. Jami,	FL, 33/36 City/State and Zip Code	
	T 1 "	City/State and Zip Code	
	E-mail address: (Strong 33129 (C) to be used for future annual report notifi	Ginal/.Com
For further information c	oncerning this matter, please ca		
Tum	Pullo Rectio	1776 at (<u>776</u>) <u>304</u> Area Code Daytime	5437
Name o	i rerson	Area Code Daynme	Telephone Number
Enclosed is a check for t	he following amount:		
√\$25.00 Filing Fee	S30.00 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:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	
\circ	21 HAY 24 PH 1:00
Kochman Cons	sulting LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
(A Frontia Enfitted L	3 3
The Articles of Organization for this Limited Liability Company	were filed on May and assigned
Florida document number <u>L21000 204559</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	ddress 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.

City

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

21 MAY 24 PH 1:00

<u>Title</u>	Name	<u>Address</u>	21 tin 2	Type of Action
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Filing Fee: \$25.00