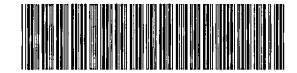
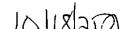
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(Requestor's Name)
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(Document Number)
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Special Instructions to Filing Officer:





10/08/21--01008--028 \*\*30.00



## **COVER LETTER**

TO: Registration S Division of Co			
(21144 172 427)	NSULTING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	C. Melissa Henry		
		Name of Person	,
	dba Kite Consulting		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	184 Ibis Rd		
		Address	
	Longwood, FL 32779		
	cm_henry@yahoo.com	City/State and Zip Code	
		to be used for future annual re	port notification)
For further information c	concerning this matter, please c	all:	
C. Melissa Henry			4326
Name o	of Person	at () Area Code	Daytime Telephone Number
imelosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fifing Fee & Certified Copy radditional copy is enclosed.	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Ado	
Registration S Division of C			ion Section of Corporations
P.O. Box 632	7		re of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kite Consulting LLC	
(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
the Articles of Organization for this Limited Liability Company were filed on $\frac{\text{August I}}{\text{Lorida document number}}$	3. 2021 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
Catherine Melissa Henry LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our record gent and/or the new registered office address here:	s, <u>enter the name of the new regist</u>
Name of New Registered Agent:	<u> </u>
N: - D - ' 4 - 1 (A)?* - A 11	
New Registered Office Address:  Enter Florida str	ver address
	produce a
Cuy	, Florida Zip Code
iew Registered Agent's Signature, if changing Registered Agent:	= =
is a suggestion organic a suggestion in changing regional or or again.	<del></del>

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 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>	Name	Address	Type of Action
			🗆 Add
			⊒Remove
			□Change
			□Remove
		<del></del>	IIChange
			🗆 Add
			□Remove
			□Change
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			[]Chanaa

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	rior to date of filing or more than 90 days after filing.) Parsuant to 605,020 oficable statutory filing requirements, this date will not be listed a
	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 6 2021	·
1.3	
Signature of amember or a	
C. Melissa Henry	uthorized (epresentative of a member