LZ10001421838

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submission Entiry Harris)
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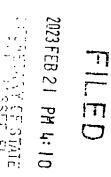




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COVER LETTER

TO: Registration S Division of Co			
		S SERVICES, LLC	
SUBJECT:	Name of Limi	ited Liability Company	· -
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KELBIS MARTINEZ BA	TISTA	
		Name of Person	
		Firm/Company	
	3401 SW 149 AVE		
		Address	
	MIAMI, FLORIDA 33185		
	arg.kmartinez82@gmail.co	CTION & CONSULTING SERVICES, I.LC Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: KELBIS MARTINEZ BATISTA Name of Person Firm/Company 3401 SW 149 AVE Address MIAMI, FLORIDA 33185 City/State and Zip Code rq.kmartinez82@gmail.com E-mail address: (to be used for future annual report notification) Indication and the feet of Status and Sta	
			ication)
For further information	concerning this matter, please ca	all:	
KELBIS MARTINEZ	BATISTA	n+ (
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addr Registration Division of P.O. Box 62 Tallahassee	Section Corporations 327	Registration Sec Division of Con The Centre of T 2415 N. Monroe	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)		<u> s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 09/24/2021	and assigned
Florida document number L21000421838		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
KM ARCH. SOLUTIONS, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		2023 S.E.(
		22 7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
-	Enter Florida street addre	XX.
		lorida
	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
			\ \ \ _Add
		<u> </u>	Remove
			Change
			□Remove
			□Change
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			Change
			□Add
			Remove
			[]Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
e recor	d 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 led.
Dated	02/13/2023
	Signature of a member or authorized representative of a member
	KELBIS MARTINEZ BATISTA Typed or printed name of signee