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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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T. MATTHEWS DEC - 1 2021

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	KH CONSULT.	ants LLC.	· .
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Thor	MAS K. HUNT Name of Person	
	TKH CONS	WHANTS LLC Firm/Company	
		Moderns Address	
	MArgate,	FL. 33063 City/State and Zip Code F94 Cgmail. Com	
	ていし	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	ail:	
Thomas Name	K. Itus T	at (954) 531 - Area Code Daytime	8220 Telephone Number
Enclosed is a check for	the following amount:		
X \$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 Addre Registration		Street Address: Registration Sec	tion
_	Corporations	Division of Corp	
P.O. Box 63	27	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 21 KS7 15 PH 3: 21

		£1		
TKH Co	onsultants	LLC		
(Name of the Limited	Liability Company as it Florida Limited Liability	now appears on our a	records.)	
he Articles of Organization for this Limited Lia	bility Company were fi	iled on	28/2021	and assigned
lorida document number <u>L21</u> 000 40	9754.			
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	the limited liability co	mpany here:		
	AL LA			
ne new name must be distinguishable and contain the wo	rds "Limited Liability Com	pany," the designation	"LLC" or the abl	oreviation "L.L.C."
nter new principal offices address, if applical	hle:			
• •		NIA		.
Principal office address MUST BE A STREET	ADDKESS)	1~[.,,		-
			<u> </u>	
nter new mailing address, if applicable:				_
<u>Mailing address MAY BE A POST OFFICE B</u>	<u> </u>	NIA		
. If amending the registered agent and/or re	_	s on our records,	enter the name	e of the new regist
gent and/or the new registered office address	here:			
	اسه	۱ ما		
Name of New Registered Agent:	Tho	nas M. Hu	. <u>u r</u>	
New Registered Office Address:	3305	PINEWALK Enter Florida street	Dr. N.	
		Enter Florida street	address	
	MARGATE.		. Florida	33063

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 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		Address 15 15 Pil 3: 21	
<u>Title</u>	Name	Address	Type of Action
President	Thomas K. HUNT	3305 P. Newglk Dr. N. # 107 Margate, FL 33063	Þ\Add
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Effective date, if other than the date of filing: 11/15 Zv \(\triangle \) (optional) [If melfective date, it is bised, the date must be pecific and cannot be prior to date of filing or more than 90 days after filing Pursuant to 605 0207 Acte. 1 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. The record 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 rd is filed. Signature of a member of authorized representative of a member Typed or printed aame of signes. Typed or printed aame of signes.		- 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1
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·	Dated _	11/10, 2021.
·		\mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L}
·		Signature of a member or authorized representative of a member
Thouse with		organizate of a member of audiorated representative of a memori
1 M 17 LA 1 . LAC 4 L. ***		

Filing Fee: \$25.00