

L21 000508160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

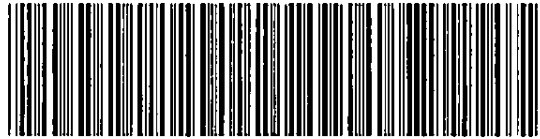
(Business Entity Name)

(Document Number)

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FILED  
MAR 6 2024 AM 8:21  
CLERK OF STATE  
TALLAHASSEE, FL

A. HUNT

03/06/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kellier Services LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karla Kellier  
Name of Person

Kellier Services LLC  
Firm/Company

306 Belmont Lane  
Address

North Lauderdale FL 33068  
City/State and Zip Code

kellier.karla@gmail.com  
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
TALLAHASSEE, FL

2011-03-06 AM 8:21

CD

For further information concerning this matter, please call:

Karla Kellier at (954) 444 0023  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
OF**

Kellier Services LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/30/2021 and assigned Florida document number 221000508160.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Kellier Consulting Services LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

2639 N University Avenue #2099  
Coral Springs FL 33071

**B. If amending the registered agent and/or registered office address 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

City, Florida 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

202 MAR -6 AM 8:21  
CLAY OF STATE  
CLAHASSEE FL

202 MAR -6 AM 8:21  
CLARKSBURG FL  
CLARKSBURG FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 03/02/2024, \_\_\_\_\_

*K. V. Lee*

Signature of a member or authorized representative of a member

Karla Keller

Typed or printed name of signee

**Filing Fee: \$25.00**