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(City/S	State/Zip/Phon	e #)
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(Docu	ment Number)	,
Certified Copies	Certificate	s of Status
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Office Use Only

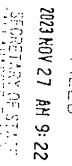
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Katz Consulting 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:
Barry Katz Name of Person
Katz Consulting Services LLC Firm/Company
9756 Gral Tolac Gircle
Address Palm Boach Carrons, Fla. 33417 City/State and Zip Code Kat 536 (Varna) (Dyn) E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Parry Kat2 at 908 591-1058 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\text{\text{\$\subset} \text{\$\exititit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{
Mailing Address: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 ORGANIZATION (2)
OF See Mary 180
ARTICLES OF ORGANIZATION OF Consulting Services LL (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(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 Tanjay 19,2022 and assigned lorida document number <u>L2200002670</u>
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
Kotz Consulting Services PLLC (Processiona) Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 records, enter the name of the new registered gent 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

or removed from our records: MGR = Manager 1 AMBR = Authorized Member Type of Action Title <u>Name</u> <u>Address</u> □Remove ____ Change □Remove ____ Change ____ □Remove _____ DAdd _____ Change _____ □Add _____ Change _____ □Add

_____ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Filing Fee: \$25.00