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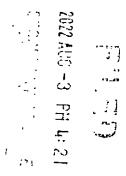
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		ancial Services LLC			
SUBJEC	l:	Name of Li	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are su	omitted for filing.		
Please reti	ım all correspo	ndence concerning this matte	to the following:		
		Keith E Ouellette			
			Name of Person		-
		Kouell Financial Services	LLC		
			Firm/Company		-
		4814 Ballygar Drive			
			Address		-
		Tallahassec, Florida 3230	9		
			City/State and Zip Code		2022
		kouell1@comcast.net			
		E-mail address:	to be used for future annual report n	otification)	
For further	information co	oncerning this matter, please of	all:		• ,
Keith E O	uellette		850 322-4799		
	Name of	Person		ime Telephone Number	<u> </u>
Enclosed i	s a check for th	e following amount:			
□ \$25.00) Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	lailing Address egistration S		Street Address: Registration S	Section	
D	oivision of Co	orporations	Division of Co	orporations	
	.O. Box 632' allahassee, F		The Centre of		10
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Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2022

KEITH E. OUELLETTE **4814 BALLYGAR DRIVE** TALLAHASSEE, FL 32309

SUBJECT: KOUELL FINANCIAL SERVICES LLC

Ref. Number: L22000122082

We have received your document for KOUELL FINANCIAL SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kouell Financial 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 March 10, 2022 and assigned Florida document number L22000122082 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2910 Kerry Forest Pkwy. Enter new mailing address, if applicable: D4 - 149 (Mailing address MAY BE A POST OFFICE BOX) Tallahassee, Florida 32309 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:

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

Enter Florida street address

. Florida

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>	<u>Address</u>	Type of Action
 			
			□Remove
			□Change
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Filing Fee: \$25.00