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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	•	•	· · · · · · · · · · · ·	
7.1	Nice Advise	- 110			
SUBJECT: 1 Fle	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CAR	LOS GONGORA	`		
		Name of Person	<u> </u>		
	THENIC	E ADVISE SERV	INES LIC		
		Firm/Company			
	929 0	elfino el			
	LAKE M	Cily/State and Zip Code	6		
		City/State and Zip Code		~2	
	caq	19458@6 mail	.com	SE SE	
	E-mail address: (to be used for future annual repo-	rt notification)	H33	
For further information of	concerning this matter, please c	all:		-2	713
CARlos	Govgora	at () 40	74317967	(C) PH	3
Name (E-mail address: (concerning this matter, please concerning this matter) please of Person	Area Code D	aytime Telephone Number	2: 53 STATE 5. FL	,
Enclosed is a check for t					
\$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 &	
Mailing Addre		Street Addre			
Registration Division of C		Registratio	n Section f Corporations		
P.O. Box 633	•		of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	se services LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000 146479</u> . This amendment is submitted to amend the following:	y were filed on MARCH. 25th 2022 and assigned
A. If amending name, enter the new name of the limited lia	bility company here:
Consult KA LLC	
The new name must be distinguishable and contain the words "Limited Liab	21. 14
Enter new principal offices address, if applicable:	Charles Andrews Land
(Principal office address MUST BE A STREET ADDRESS)	
agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	. Florida

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.

Cin

Zip Code

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>	Name	Address	Type of Action
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ective	date, if other than the date of filing: 1947 27th 2029	(optional) Π ω
reneca te: 11't	the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date date inserted in this block does not meet the applicable statutory filing requirements effective date on the Department of State's records.	i's anci musta i arstait to oos.os.
cord sp s tiled.	secities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	r of: (b) The 90th day after th
ed	Jan 27th. 2024. Caloo Gongora	

Typed or printed name of signee