L22000214264

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COVER LETTER

Division of Corp	porations		
SUBJECT: KEN?	FERBTYCLOBAL	hhc	
SUBJECT: 110 (V	FERBIZGLOBAL Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Kenfer S	1 Rose	
		Name of Person	
	Veroferchizald	lai LLC.	
	Kenferbizgli	Firm/Company	
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	Kenler-Sl. rose	e o Kenfer biz a jobal - c	iom
	E-mail address: ()	to be used for future armisel report notif	ication)
For further information co	oncerning this matter, please ca	ali:	
Kunfer 3+	ROSE	1013 C411	:1027
Name o	f Person	at (<u>\$13</u>) <u>\$94</u> Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		•
☐ \$25.00 Filing Fee	D\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)

Registration Section

TO:

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**

Florida document number	<u>Kenterbizalobal</u>	hhc hhc	
Florida document number L220001-14264. 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	(<u>Name of the Limited Liability)</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regardent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			and assigned
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Name of New Registered Agent: New Registered Office Address:			
Name of New Registered Agent: New Registered Office Address:	D. If amonding the revistored agent and/or registered	office address on our records enter the nam	vo of the new registers
New Registered Office Address:	C C	office address on our records, enter the nam	ie of the new registere
New Registered Office Address:			•
New Registered Office Address:	Name of New Registered Agent:		<u>·</u>
Enrich Elimite, the destruction of the	New Registered Office Address:		
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Florida			
City Zip Code		City	Zip Code =

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.

	Services Provided?
-	- Marketing
	- Graphics Jesian
_	- Project Management
_	- Virtual Administrature Services
=	- Immigration Consultant
_	- Notary Services
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:
ne reco ord is f	rd 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 iled.
Dated	04/30/2024
	Signature of a member or authorized representative of a member
	Kenfer St Rose Typed or printed name of signee

Filing Fee: \$25.00