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(Requestor's Name)
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	Registration Se Division of Cor					
CLID IEC		CONSULTING SERVICES L	LC			
SUBJEC'	·:	Name of Limi	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for tiling.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		CESAR AGUILAR				
			Name of Person			
			Firm/Company			
		10948 N 56TH STREET	SUITE 205			
			Address			
		TEMPLE TERRACE, FL	33617			
			City/State and Zip Code			
		cesarbrandy18@gmail.com				
			to be used for future annual report no	stification)		
For further	er information c	oncerning this matter, please co	all:			
CESAR	AGUILAR		813 495-5617			
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S	ection			
1	Division of C	Corporations	Division of Co	Division of Corporations		
	P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810		
	Tallahassee,	ГL 34314	Z413 IN, IVIONI	oc succi, suite o to		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGUILAR COUNSULTING SERVICES ELC		
(A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number L22000271194		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
K&M LEGAL SERVICES LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(2)	
The day office address . HOOT DE THINKEET . IDDNE.		<u></u>
		., .
		(J 5 %
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		<u> </u>
		5 77
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	flice address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ACTUAL AD COMPRICTOR TINES OF DATE OF LAS

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

If amending Authorized Person(s) authorized to manage, enter the title, πame, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MIGUEL A PINANGO PAREDES	10948 N 56TH STREET SUITE 205	≣ Add
		TEMPLE TERRACE, FL 33617	□Remove
		 	□Change
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Effective date, if other than t f an effective date is listed, the date i	he date of filing:	opt ate of filing or more than 90 days after	t ional) er filing.) Pursuant to 605.0207
	block does not meet the applicable		
document's effective date on the	Department of State's records.		
e record specifies a delayed effected is filed.	tive date, but not an effective time,	at 12:01 a.m. on the earlier of: ((b) The 90th day after the
SEPTEMBER 20	2022		
Dated			
	- 1/2 ///w		

Typed or printed name of signee