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SECHETARY OF STATE

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TO: Registration Section Division of Corpor		
SUBJECT:	KSH Services LC Name of Limited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	LARINE Henriquez Name of Person	
	Firm/Company	
-	6602 NW 7184 AVE	
	City/State and Zip Code Karne, Shamatti @ ampl. com 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 conce	erning this matter, please call:	
Lanno L Name of Per	Henrique at (203) 918-4642 Area Code Daytime Telephone Number	-
Enclosed is a check for the fo	ollowing amount:	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee &	tatus &
Mailing Address:	Street Address:	

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

TO ARTICLES OF ORGANIZATION OF

KSH S	Services	UC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it nov a Limited Liability Co	w appears on our rec mpany)	ords.)
The Articles of Organization for this Limited Liability of Florida document number 122003041	14	d on	and assign
This amendment is submitted to amend the following:	7 (
A. If amending name, enter the new name of the lim	nited liability comp	pany here:	
	gement S	services,	UC
The new name must be distinguishable and contain the words "Lin	ailed Liability Compar	ty," the designation "l	LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	· <u>-</u> -	027 2027
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			NETTARY OF STATE
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address o	n our records, <u>en</u>	ter the name of the new regi
Name of New Registered Agent:			
New Registered Office Address:	·	S	
	ts	Enter Florida street ad	aress
	City		Florida Zip Code
	·		•

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 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, name, and address of each person be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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			□Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing; Pursuant to 60: Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after distribution of a member of authorized representative of a member of a me		
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1/22	Dated	11/18 2022
1/22		
Typed or printed name of signed		Signature of a member of authorized representative of a member
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