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COVER LETTER

	Registration Sec Division of Corp			
01111100	KONTRELL	ÆDUØATIONAL CONSULT	ING & PRSONAL WELLNESS SE	ERVICES LLC
SUBJEC	-l:	Name of Limite	ed Liability Company	
The encl	osed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please re	aturn all correspor	idence concerning this matter to	o the following:	
		MAEGAN HAYWOOD		
			Name of Person	
		KONTRELL EDUCATION	IAL CONSULTING & PRSONAL	WELLNESS SEI
			Firm/Company	
		14900 SW 30TH STREET		
			Address	 -
		MIRIMAR FL 33027		
			City/State and Zip Code .	
		mkhaywood83@gmail.com	and an art polif	
		E-mail address: (t	o be used for future annual report notif	canon,
For furt	her information c	oncerning this matter, please ca	all:	
Megan	Haywood		954 907-0840 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	ne following amount:		
≘ \$23	5.00 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 Addre Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite \$10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KONTRELL EDUCATIONAL CONSULTING & PRSONAL WELLNESS 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 Compan	ny were filed on 08/22/2022	and assigned
Florida document number L22000367011		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
KONTRELL EDUCATIONAL CONSULTING & PERSONAL W	ELLNESS SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
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	e address on our records, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	7. 60 60
	, Florida	. 22
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:	No.

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 lability company has been notified in writing of this change.

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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ C'hange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ ☐ Change
			SAdd
			□Remove
			□ C'hange

The	name of the MGR shou	ild be Megan Haywo	od			
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effecti <u>e:</u> If t	date, if other than the ve date is listed, the date much date inserted in this be's effective date on the I	ust be specific and cannot block does not meet t	he applicable stati	filing or more than 90 day	(optional) rs after filing.) Pursuant to 6 ts, this date will not be li	05.0207 sted as
ord s filed.		ve date, but not an ef	ffective time, at 12	:01 a.m. on the earlier	of: (b) The 90th day af	ter the
ed	September M	6.6	022			

Typed or printed name of signee