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(((H23000045019 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		 	 	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEMMLER CONSULT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kemmler Consult LLC	·	
( <u>Name of the Limited Liability Comp</u> e (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000042179	were filed on 01/23/23	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	2880 W Oakland Park Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 225C	
	Oakland Park, FL 33311	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name o</u>	~
		G .
Name of New Registered Agent:	•	<u>ω (</u>
New Registered Office Address:		-P 
	Enter Florida street address ,	3. 09
	. Florida	, 9

## 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

City

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
			□Add
			□Remove
			☐ Change
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	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ock does not meet the applicable statutory filing requirements, this date will not be listed
he record specifies a delayed effectivord is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated February 3	. 2023
	Signature of a member or authorized representative of a member
Alex O Mile	
Nat Smith	Lyped or printed name of signee

Filing Fee: \$25.00