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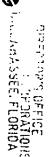
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Special Instructions to Filing Officer:

Office Use Only



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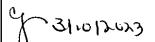


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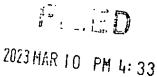
TO:

Registration Section

Division of Corporations
SUBJECT: KERS CONSULTANT GROUP LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
KAREN E SEWELL Name of Person
KERS CONSULTANT GROUPLLC
1830 SW 24th STREET Apt and Address
FORT Lauderdale, F. 33315 City/State and Zip Code Karen Sewell 580 amail. Cor E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karen E Sewell at (954) 479-8955 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
ZS S25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KERS CONSULTANT GROUP LL CONSULTANT (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

אווטרו א)	Chilited Elability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 230000569</u> 0	ompany were filed on $01/31/2033$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1830 SW 24th STREET APT 3
(Principal office address MUST BE A STREET ADDR	FLORIda, 33315
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent: New Registered Office Address:	AREN E. Sewell 30 5W 24th STREET APT 3 Enter Florida stree: address 22315

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 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.

f 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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Change
			DAdd
			Remove
			□ Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Note:	rive date, if other than the date of filing: 01 26 2023 (optional) Tective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he 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 fied.
Dated	March 10, 2023. Harm & Security Signature of a member or authorized representative of a member
	KAREN E. SEWELL Typed or printed name of signee

Filing Fee: \$25.00