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| Copies               | Certificates                          | of Status                                       |
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| Instructions to File | ng Officer:                           |   |
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## FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/30/23

NAME: KUBS CONSULTING LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

|                | gistration So<br>vision of Col |  |  |   |
|----------------|--------------------------------|--|--|---|
| SUBJECT:       | KUBS CO                        | NSULTING LLC                                 |  |   |
| SUBJEC 1:      |                                | Name of Lin                                  | nited Liability Company  | <del></del>   |
| The enclosed   | d Articles of                  | Amendment and fee(s) are sub                 | omitted for filing.  |   |
| Please return  | all correspo                   | ondence concerning this matter               | to the following:  |   |
|                |                                | DAVID KUBILIUN                               |  |   |
|                |                                |  | Name of Person   |   |
|                |                                | KUBS CONSULTING LL                           | .c   |   |
|                |                                | <del></del>                                  | Firm/Company   |   |
|                |                                | 332 POINCIANA ISLAN                          | D DRIVE  |   |
|                |                                | •  | Address  |   |
|                |                                | SUNNY ISLES BEACH,                           | FLORIDA 33160  |   |
|                |                                |  | City/State and Zip Code  | <del> </del>  |
|                |                                | DKLAWYER@GMAIL.CO                            |  |   |
|                |                                | E-mail address: (                            | to be used for future annual report no                           | etification)  |
| For further in | nformation c                   | oncerning this matter, please c              | all:   |   |
| DAVID KU       | BILIUN                         |  | 305 778-3163   |   |
|                | Name o                         | f Person                                     |  | me Telephone Number   |
| Enclosed is a  | check for th                   | ne following amount:                         |  |   |
| □ \$25.00 F    | filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | iling Addres<br>gistration S   | _  | <u>Street Address:</u><br>Registration S                         | ection  |
| Div            | ision of C                     | orporations                                  | Division of Co   | orporations   |
|                | ). Box 632<br>lahassee, F      |  | The Centre of  | Tallahassee<br>oe Street, Suite 810   |
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Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KUBS CONSULTING LLC

2023 HAR 30 AH 8: 5

(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 Company were filed on FEBRUARY 3, 2023 and assigned Florida document number L2300006380 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KUBS CONSULTING PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

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 being added or removed from our records:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| . <u>Title</u> | <u>Name</u> | Address      | Type of Action |
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|           | BAR DOES NOT ALLOW THIS TYPE OF CORPORATE STRUCTURE. A PLLC CORPORATE ENTITY IS   |
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| •         | PERMITTED. THUS THE NAME CHANGE TO KUBS CONSULTING PLLC.  |
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| ect       | ive date, if other than the date of filing: (optional)  |
| <u>e:</u> | ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. |
|           | d 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 led.   |
| ed        | MARCH 31, 2023  |
|           |   |

Filing Fee: \$25.00