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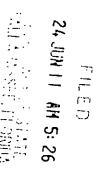
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
	SULTING AGENCY LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LAMIN DARBOE			
		Name of Person		
	LKD CONSULTING AG	ENCY LLC		
	<del></del>	Firm/Company		
523 Franklin Avenue Apt 10W				
	· · · · · · · · · · · · · · · · · · ·	Address		
	Brooklyn, NY 11238			
		City/State and Zip Code		
	lamin@lkdconsulting.co			
	E-mail address: (	to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please c	all:		
LAMIN DARBOE		704 579-0715		
Name o	f Person	at ()	e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 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 Addres Registration 9		Street Address: Registration Sec	ction	
Division of C		Division of Cor	porations	
P.O. Box 6327 The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LKD CONSULTING AGENCY LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 10, 2023	and assigned
Florida document number L23000231219		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L1,C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		24
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
Tuning waters by the first tool of the foot		2
		22
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
<del></del>	City	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 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
MGR	SEEDY DARBOE	4423 STONEWALL DR RALEIGH, NC 27604	
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			□Change
			🗆 Add
			□Remove
		<del></del>	□Change
			🗖 Add
			□Remove
		<u></u>	□ Change
			□Add
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			□ Chango

	Signature of a mem	ber or authorized rep	presentative of a me	mher	<del></del>
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ecord specifies a delayed effective is filed.	date, but not an e	effective time, at 1	2:01 a.m. on the e	arlier of: (b) The 90	0th day after the
fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	be specific and cam ock does not meet	the applicable stat			
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Filing Fee: \$25.00