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To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Account Name : LEGALZOON.COM INC.

Account Number : I2001000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:

3 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2K CONSULTING SERVICES LLC

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SEP 25 2023

COVER LETTER

FO:	Registration Se Division of Cor			
SUBJEC	2K CONS	ULTING SERVICES LLC		
SUBJEX		Name of Lim	ited Leability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		Glendale, CA 91203		
		(Antion tile and City)	City/State and Zip Code	
		Onlinefilings@legalzoom.c	on to be used for future annual report note	fication)
For furth	ner information c	oncerning this matter, please ea	·	
Cheyeni	ne Moseley		300 773-0888	
	Name o	f Person	at ()	e Telephone Number
Enclosed	d is a check for th	ne following amount:		
	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations by 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	nn -

Tallahassee, Fl. 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2K CONSULTING SERVICES LLC	<i>;</i>			
(Name of the Limiter	d Liability Company A Florida Limited Lia	cas it now appears on ibility Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number L23000299789	bility Company w	vere filed on $\frac{06/21/2}{}$	023	and assigned
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of t	the limited liabili	ty company here:		
The new name must be distinguishable and contain the woo	rds "Limited Liability	y Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicat	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)			
		<u></u>		
Enter new mailing address, if applicable:			F	
(Mailing address MAY BE A POST OFFICE B	(OX)			
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, <u>enter t</u>	ne name of the n
Name of New Registered Agent:				
New Registered Office Address:		e e		
			reet address	ر ا
	***************************************	Cur	, Florida	Zip Cone
New Registered Agent's Signature, if changing Re	egistered Agent:	•		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of the company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been notified in	r and complete p tered agent as pr egistored office a	erformance of my : ovided for in Chap	luties, and Lam fa ter 605, F.S. Or, i	miliar with and f this document is
	tf Chang	ing Registered Agent,	Signature of New Reg	istered Agent

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

2023-09-22 12:56 15 POT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Robin Kibler	249 Pine St. Homosassa, Fl. 34446	a.
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
*			D Add
			☐ Remove
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			☐ Remove
			☐ Change

Τo

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	<u> </u>			
				
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	ecifies a delayed effect lay after the record is f		effective time, at 12:0	It a.m. on the earlier of:
Dated Septe	ember 21st	2023	epersentative of a member	
Rob	sin Kibler			
		Typed or printed name	e ist signer	

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