

(Requestor's Name)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	
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## **COVER LETTER**

	gistration Sec vision of Corp			
SUBJECT:		ONSULTING, LLC		
Subject.		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter	to the following:	
		LISA OBERHOFER SCHA	AAL.	
			Name of Person	<del></del>
	KEDRAL CONSULTING, LLC			
	Firm/Company			
	795 WHISPER WOODS DRIVE			
		<del></del> -	Address	
		LAKELAND, FL 33813		
- li		City/State and Zip Code lisaschaal19@gmail.com		
		É-mail address: (0	to be used for future annual report notel	fication)
For further i	information co	oncerning this matter, please ca	all:	
VICTOR J.	TROIANO		863 688-7038 at ()_	
	Name of	Person	Area Code Dayting	e Telephone Number
Enclosed is ■ \$25.00		e following amount:  S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee,  Certificate of Status & Certified Copy & Gadditional copy is enclosed.  FLT.

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEDRAL CONSULTING, LLC					
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	v as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company with the Florida document number L23000506949		and assigned			
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
A. If amending name, enter the new name of the limited liabili	ity company here:				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abhreviation "L.L.C."			
Enter new principal offices address, if applicable:		<del></del> -			
(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 ac agent and/or the new registered office address here:	ldress on our records, enter the na	ime of the new regist			
Name of New Registered Agent:		H 26			
New Registered Office Address:	Enter Florida strvet address	200 元			
	, Florida _	<u>1</u>			
	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 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
AMBR	LISA OBERHOFER SCHAAL	795 WHISPER WOODS DRIVE	■Add
		LAKELAND, FL 33813	□Remove
			☐ Change
AMBR	RAYMOND A. OBERHOFER	795 WHISPER WOODS DRIVE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		LAKELAND, FL 33813	<b>≡</b> Remove
			□Change
			Dadd
			Remove
			☐ Change
			□Add
			□Remove  26 □Change
			SAAdd 31
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Party Comments of the Comments	_		
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