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COVER LETTER

TO:

Registration Section
Division of Corporations

KDL Consultation LLC SUBJECT: 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: Katrice D Lindsey Name of Person KDL Consultation LLC Firm/Company 273 Oak view Drive Address Tallahassee, Fla 32305 City/State and Zip Code KatriceLindsey99@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Katrice D Lindsev 510-5021 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KDL Consultation LLC		2024 314	15 Fil 1:49
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability C	ow appears on our records ompany)	r)
The Articles of Organization for this Limited Florida document number	Liability Company were file		CONTRACTOR OF THE PARTY OF THE
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability con	ipany here:	
Enter new principal offices address, if appli (Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	Katrice D, Lindsey		
New Registered Office Address:	273 Oakview Drive		
		Enter Florida street address	
	TAllahassee	, Flo	rida <u>32305</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 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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record d is til	I 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 ed.
Dated	7-15-2024
-	7-15-2024 Fatur /100
	Signature of a member or authorized representative of a member
	Retrick Hohms
	teture 100

Filing Fee: \$25.00