

LI8000264655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

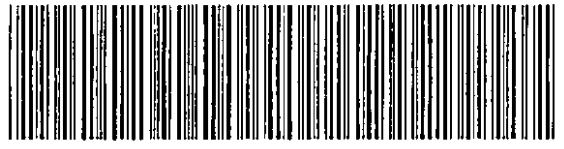
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17:12:14

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. KINDER 10 LLC L18000264655  
Name Document Number (if known)

Walk in  Pick up time  
 Mail out  Will wait  
 Photocopy  Certified Copy of Articles of  
Merger Organization  
 Certificate of Status

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other -

**AMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**OTHER FILINGS**

Annual Report  
 Fictitious Name  
 APOSTIL

                      
COUNTRY

**REGISTRATION/QUALIFICATIONS**

Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

EXAMINER'S INITIALS: \_\_\_\_\_

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COUNTRY

EXAMINER'S INITIALS:

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KINDER10 LLC

*Name of Limited Liability Company*

The attached Articles of Amendment and fees are submitted for filing.

Please contact me for any correspondence concerning this matter with the Division.

Sally Conner

*Name of Person*

Kinder10 LLC

*Name of Company*

1250 E. Hallandale Beach Blvd. Suite 906

*Address*

Hallandale Beach Florida 33009

*City, State, and Zip Code*

[sallyc1962@yahoo.com](mailto:sallyc1962@yahoo.com)

*E-mail address to be used for future annual report notification*

For further information concerning this matter, please call

Sally Conner

954 648-0307

*Name of Person*

*Area Code*

*Distance, Telephone Number*

Please find a check for the following amount:

■ \$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy

*Amount in Dollars*

\$60.00 Filing Fee  
Certificate of Status &  
Certified Copy

*Amount in Dollars*

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32311

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 310  
Tallahassee, FL 32303

10/16/14

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KINDER 10117

(Name of the Limited Liability Company as it now appears on our records -  
i.e. Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2013 and assigned  
Florida document number 118060264655

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" or 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

Florida

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 all 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 609, F.S. On or about the date(s) hereinafter 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Julio Berno	113 NE 2 Terr Hallandale Beach FL 33009	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

