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(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

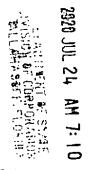
Office Use Only



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SEP 14 2020

S. YOUNG

COVER LETTER

TO:

SUBJECT:	KILO STR	ATEGIES, LLC			
SOBJECT.		Name of Lin	nited Liability Company		
The enclosed	Registration Section Division of Corporations KILO STRATEGIES, LLC Name of Limited Liability Company				
Please return	all correspor	ndence concerning this matter	to the following:		
		Mairot B Barrios			
			Name of Person	 	
		KILO STRATEGIES.	, LLC		
			Firm/Company		
		702 Ensenada Drive			
			Address		
		Orlando, FL 32825			
			City/State and Zip Code		
n an early at the state of	0			otilication)	
ror jurther in	iormation co	neerning this matter, please e	aH:		
	Mairot B Ba	rrios		1	
	Name of	Person		ime Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 Fi	iling Fee		Certified Copy	Certificate of Status & Certified Copy	
				Section	
Division of Corporations					
r atti	anassee, f	1. 34314	2413 N. Moni	roc Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

55

KILO STRATEGIES, LLC		82 B -17
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	100
The Articles of Organization for this Limited Liability Company	were filed on07/06/2020	and assigned
Florida document number 120000191178		Seand assigned
This amendment is submitted to amend the following:	7:10	
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:	702 Ensenada Drive	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32825	
		74
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_	-
· · · · · · · · · · · · · · · · · · ·		
	**	
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:		
Y CN D : 1		
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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	Alejandro A Barrios	702 Ensenada Drive	□Add
		Orlando, FL 32825	≅Remove
			□Change
		<u> </u>	□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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<u>te:</u> 11 1	he date inserted in	an the date of fil date must be specific this block does no in the Department of	ot meet the applica	to date of filing or multiple statutory filing	(opt i ore than 90 days afte g requirements, th	ional) or filing.) Pursuant to 60 is date will not be lis	05.0207 sted as
cord sp s filed.	occifies a delayed o	effective date, but	not an effective tir	me, at 12:01 a.m.	on the earlier of: (I	b) The 90th day aft	er the
ed	July 21		2020	<u>-</u> ·			
		Signature of	1 st B	Barrose	of a member		
		<i></i>	Mairot B B		or a member		
		***	Tamed a series	d name of signee	···-		

Filing Fee: \$25.00