

h21000460713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

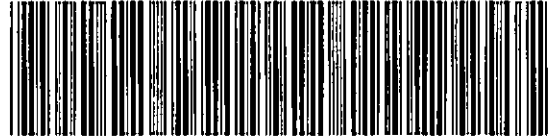
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2021 DEC 16 AM 10:43  
OFFICE OF STATE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KISKEYA 509, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Zacharie Yersin Paulo

Name of Person

KISKEYA 509, LLC

Firm Company

11181 ROYAL PALM BLVD, APT 81

Address

CORAL SPRING, FL, 33065

City/State and Zip Code

zachariypaulo@yahoo.fi

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zacharie Yersin Paulo

954

573-5538

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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)

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**

KISKEYA 509, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/22/2021 and assigned Florida document number 121000460713.

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."

Enter new principal offices address, if applicable:

1181 ROYAL PALM BLVD, Apt 81

(Principal office address MUST BE A STREET ADDRESS)

CORAL SPRING, FL, 33065

Enter new mailing address, if applicable:

1181 ROYAL PALM BLVD, Apt 81

(Mailing address MAY BE A POST OFFICE BOX)

CORAL SPRING, FL, 33065

**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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

*City*

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.*

2021 DEC 15 AM 10:43  
STATE

\_\_\_\_\_  
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	Martine Marius	285 NW 36h Ave	<input type="checkbox"/> Add
		Deerfield Beach FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Zacharie Yersin Paulo	51 Florida St. Apt 1	<input checked="" type="checkbox"/> Add
		Dorchester, MA 02124	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 8th 2021

Zacharie Yersin Paulo
Signature of a member or authorized representative of a member

Zacharie Yersin Paulo

Typed or printed name of signer

Filing Fee: \$25.00