From Tax Zone

4/19/23, 4:21 PM

Division of Corporations

## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001466973)))



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T¢:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044

Phone : (407)888-3131

Fax Number

: (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KIKREALTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

APR 20 2023

K. Brumbiay

## **COVER LETTER**

TO:	Registration Sec Division of Corp		·	Y
SURJE	KIKREALT	TY LLC		
CCDC	<u> </u>		ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		CARTAGENA, KIKZENY	,	
			Name of Limited Liability Company  and fee(s) are submitted for filing.  eming this matter to the following:  DENA, KIKZENY  Name of Person  NE INC  Firm/Company  City/State and Zip Code  TANT@TAXZONEFL.COM  E-mail address: (to be used for future annual report notification)  s matter, please call:  407  888-3131  at (	
		Name of Limited Liability Company  s of Amendment and fee(s) are submitted for filing.  espondence concerning this matter to the following:  CARTAGENA, KIKZENY  Name of Person  TAX ZONE INC  Firm/Company  241 NOB HILL CIRCLE  Address  LONGWOOD FL 32779  City/State and Zip Code  ACCOUNTANT@TAXZONEFL.COM  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  IZENY  at (  Area Code  Daytime Telephone Number  For the following amount:  e □ \$30.00 Filing Fee & Certificate of Status & Certified Copy  (Additional copy is enclosed)  Certificate of Status & Certificed Copy  (Additional copy is enclosed)		
			Firm/Company	
		241 NOB HILL CIRCLE		ion)  S60.00 Filing Fee, Certificate of Status & Certified Copy
			Address	
		LONGWOOD FL 32779		
			City/State and Zip Code	
		<del>-</del>		<u>.</u>
For fire	has information or			
		-		
CARTA	AGENA, KIKZEN	.Y	407 888-3131 at()	
	Name of	f Person	Area Code Daytime Telepho	ne Number
Enclose	d is a check for th	e following amount:		
<b>≅ \$2</b> 5	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration S		Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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

KIKREALTY, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company vi Florida document number 1.22000282211	vere filed on <u>06/21/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
KIKZENY CARTAGENA LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbrev	iation "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 acagent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	the new registered 2023
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	9 1
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		6

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

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From: Tax Zone

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			∴ ☐Add
			¬Remove
			Change
			□Add
			Remove
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			⊒ Remove

From: Tax Zone

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ffective date, if other than the ean effective date is listed, the date must	be specific and cannot be a	orior to date of filing of	r more than 90 days afte	onal) r filing.) Pursuant to 605.020
lote: If the date inserted in this blo	ick does not meet the ap	plicable statutory fr	ling requirements, thi	is date will not be listed a
ocument's effective date on the De	partment of State's reco	ords.		
record specifies a delayed effective	date, but not an effecti	ve time, at 12:01 a.r	n. on the earlier of: (	b) The 90th day after the
d is filed.				
APRII 19	2023			
ated APRIL 19		·		
1737	Signature of a member or	೧ ಚನ್ ೦೩		
	(2.1) ( L.A.)	~~~ · ~ ~		
V11/2-5	Signapure of a member of	authorized representat	nve of a member	