

LO7000090146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

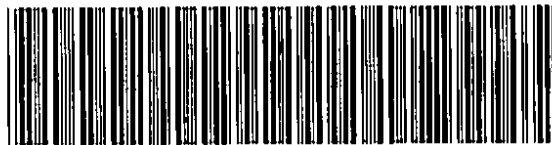
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600354102936

10/26/20--01037--021 **25.00

DEC 04 2020

S. YOUNG

FILED
2020 OCT 26 AM 7:26
CLERK OF COURT
JANIS S. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KL6 INVESTMENTS - LLC
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:

LAZARO GONZALEZ
Name of Person

KL6 INU LLC DBA Rice & Beans
Firm/Company

504 N ALAFAYA TR
Address

ORLANDO FL 32828
City/State and Zip Code

Riceandbeanswlc@gmail.com
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

LAZARO GONZALEZ at (407) 990 7365
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

KL6 Investments LLC

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

2007 OCT 28 AM 7:26
FILED

The Articles of Organization for this Limited Liability Company were filed on

8/31/2007

Florida document number LO7000090146

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

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:

LAZARO GONZALEZ

New Registered Office Address:

479 PORTICO CT

Enter Florida street address

OUIEDO

City

Florida

32765

Zip Code

By 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>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>LAZARO GONZALEZ</u>	<u>479 portico ct</u> <u>OUIEDO FL 32765</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>ambr</u>	<u>LAZARO GONZALEZ</u>	<u>479 portico ct</u> <u>OUIEDO FL 32765</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>ngr</u>	<u>KENIA GONZALEZ G</u>	<u>479 portico ct</u> <u>OUIEDO FL 32765</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>ngr</u>	<u>KENIA GONZALEZ G</u>	<u>479 Portico ct</u> <u>OUIEDO FL 32765</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<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.)*

PLz Remove KENIA GONZALEZ AS
Registered Agent and Authorized personell.
Thank you.

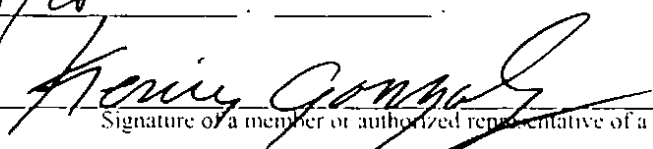
E. Effective date, if other than the date of filing: 10/21/2020 (optional)

(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 10/21/20


Signature of a member or authorized representative of a member

KENIA G GONZALEZ
Typed or printed name of signer