

L090000092255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

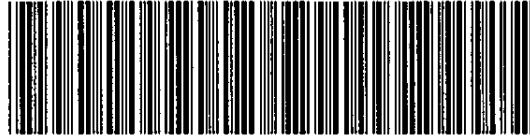
(Business Entity Name)

(Document Number)

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AUG 20 2015  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WEST KENDALL ENTERPRISES, 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:

GILBERT MORENO

Name of Person

KENDALL ACCOUNTING & TAX SERVICES

Firm/Company

11420 N KENDALL DR., STE. 207

Address

MIAMI, FL 33176

City/State and Zip Code

GMORENO@KENDALLTAXES.COM

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

For further information concerning this matter, please call:

GILBERT MORENO

at (786) 554-9696

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

WEST KENDALL ENTERPRISES, 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 10/10/2011 and assigned  
Florida document number L09000092255.

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:

(Principal office address MUST BE A STREET ADDRESS)

475 BRICKELL AVE

#3907

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

475 BRICKELL AVE

#3907

MIAMI, FL 33131

**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:

LUZMARY LOZADA

New Registered Office Address:

475 BRICKELL AVE, #3907

*Enter Florida street address*

MIAMI

, Florida 33131

*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 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>
MGRM	LOZADA, LUZMARY	15420 SW 136 ST	<input type="checkbox"/> Add
		STE 39	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33196	<input type="checkbox"/> Change
MGRM	LOZADA, LUZMARY	475 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		#3907	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	LOZADA, LORD	15420 SW 136 ST	<input type="checkbox"/> Add
		STE 39	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33196	<input type="checkbox"/> Change
MGR	LOZADA, LORD	475 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		#3907	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<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

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[illegible]

**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 AUGUST 11, 2015

  
Signature of a member or authorized representative of a member

LUZMARY LOZADA

Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

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