

L11000110206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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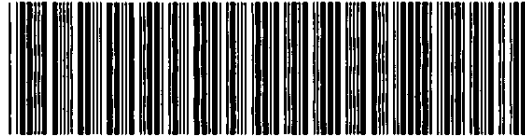
(Business Entity Name)

(Document Number)

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16 JAN 14 PM 12:18
TALLAHASSEE, FLORIDA

JAN 15 2016
Y SULKER

COVER LETTER

TO: : Registration Section
Division of Corporations

SUBJECT: KSS REALTY LLC ~~488~~

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:

YANET REYES

Name of Person

KSS REALTY LLC

Firm/Company

10501 SOUTH ORANGE AVE SUITE 111

Address

ORLANDO FLORIDA 32824

City/State and Zip Code

YHERRERO@KSSCLEANING.COM

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

For further information concerning this matter, please call:

YANET REYES

407 704-8542
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

KSS REALTY 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 1/8/2016 and assigned
Florida document number 1110000110206.

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:

1559 DEL MAR AVE KISSIMMEE FL 34744

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1559 DEL MAR AVE KISSIMMEE FL 34744

(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:

NELLIE VILA

New Registered Office Address:

1559 DEL MAR AVE

Enter Florida street address

KISSIMMEE

, Florida 34744

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>
MGR	NELLIE VILA	1559 DEL MAR AVENUE	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YANET REYES	10501 SOUTH ORANGE AVE	<input type="checkbox"/> Add
		SUITE 111	<input checked="" type="checkbox"/> Remove
		ORLANDO FL 32824	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

16 JAN 11 PM 12:10
KISSIMMEE, FLORIDA

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

16 JAN 14 PHIL: 18
MISSISSIPPI FLORIDA

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 JANUARY 8 2016


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

YANET REYES

Typed or printed name of signee