6/27/2 Jun. 29. 2018 11:03AM



Florida Department of State Division of Corporations

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	Division of Cor	porations		Q.C
	Fax Number	: (850)617-6383		
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From:			• **	r _
	Account Name	: KIJOENNA SERVICES INC		
	Account Number	: 120080000033	•	3
	Phone	: (305)644-3055		-
	Fax Number	: (305)644-3052	• -	19
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

Image: Status status

COVER LETTER

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TO: Registration Section Division of Corporations

THE MANAGEMENT CONCEPTS SERVICES,LLC

Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	MARINA B CHACON			
	· .	Name of Person	•	
	THE MANAGEMENT CO	ONCEPTS SERVICES, LLC	· ·	
	<u></u>	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
.,	72 SW 132 CT	· · · ·		
	· · ·	Address	·	· .:
	MIAMI FLORIDA 33184		. •	. •
	······································	City/State and Zip Code	·····	
-	KJESERVICES@YAHO			
.'	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
	concerning this matter, please c	305 6443052		
MARINA CHACON	oncerning this matter, please c	305 . 6443052 at ()	me Telephone Number	
MARINA CHACON	f Person	305 . 6443052 at ()	me Telephone Number	

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

Jun. 29. 2018 11:04AM - KIJGENNA	SERVICES	ል ለ አንጉኤ ነው እ አለው እንጥ	No. 2555 P. 6
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THE MANAGEMENT CONCEPT:	S SERVICES LL	Ċ ·	
	-	ny as it now sopears on our reco Jubihiy Company)	rds.)
(A Florida Eimited [ljabilitý Company)	
The Articles of Organization for this Limited Lia	bility Company	were filed on 06/27/2018	and assigned
Florida document number L12000123169		· · · · · · · · · · · · · · · · · · ·	
	,,,,,,,	· · · · · ·	· · · · · · · ·
This amendment is submitted to amend the follo	wing:		and a second
A. If amending name, enter the new name of			n he wind in the station of the stat
A. It affending name, enter the new hame of	the numee man	niv company nere.	
The new name must be distinguishable and contain the wo	ords:"Limited Liabi!	hty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	. •	CO
(Principal office address MUST BE A STREE)	TADDRESS)	· *	
		·	1
	·	· · · · · · · · · · · · · · · · · · ·	
	•		
Enter new mailing address, if applicable:	·. ·	······································	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	·	
	· ·	<u> </u>	
B. If amending the registered agent and/	or registered o	ffice address on our reco.	rds, enter the name of the ne
registered agent and/or the new registered of	nce address Der	<u>.</u>	
		111177	and a second
Name of New Registered Agent:	NIRIAM'M PE		
New Registered Office Address:	2500 SW 107	AVE SUITE 8	
TEW VERBICITA ATTOC VARIANS	· <u> </u>	Enter Florida street add	iress
	MIAMI		Florida <u>33165</u>

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.

City

If Changing Registered Agent. Signature of New Repistered Agent

Zip Code

Page 1 of 3

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If anJun. 29. 2018rill: 04AMon(s) KIJOENNA SERVICESe, enter the title, name, and address (No. 2555ersoP. 7 jng added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

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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 flied.

Dated	06/27/2018	
·	MARINA B CHACON	<u>. </u>
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· •••	Page 3 of 3	
	Filing Fee: \$25.09	

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June 29, 2018

FLORIDA DEPARTMENT OF STATE

THE MANAGEMENT CONCEPTS SERVICES, LLC P. O. BOX 520613 MIAMI, FL 33152

SUBJECT: THE MANAGEMENT CONCEPTS SERVICES, LLC REF: L12000123169

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II FAX Aud. #: H18000190977 Letter Number: 318A00013558

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P.O BOX 6327 - Tallahassee, Florida 32314