(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

Division	of Corpo	rations				
SUBJECT:	KJC	VEUTURES	110			
		Name of	Limited L	iability Company		
The enclosed Arti	iclesofAr	mendment and fee(s) are	submitte:	d for filing.		
Please return all o	correspond	ence concerning this ma	tter to the	following:		
	·	_		•		
		DARIO RO	0816	UEZ		
				Name of Person		
		KIC VENTURE	s uc	, CA PE	UHERA GR	ocery
				Firm/Company		
		39 SOUTH	SEM	DRAW BL	UD	
				Address		
		ORUGUDO				
				y/State and Zip Co		
		FABRESAPC				
		E-Mail addre	ss: (to be l	ised for future annu	ual report netification	n)
For further inform	nation con	perning this matter, pleas	se call:			
DARIO (20 DRI	GUEZ .		_at (_321_)_	440 - 32 Daytime Telep	251
•	Name of P	erson		Area Code	Daytime Telep	ohone Number
Enclosed is a che	ck for the t	following amount				
2 \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status		\$55.00 Filing Fe Certified Copy (additional copy is		EZ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

KJC VENTUR							
(<u>Name of the Limited</u>) (A	Liability Compan Florida Limited Li	y as it no ability Co	w appearson o mpany)	ur records.)			
The Articles of Organization for this Limited Liab Florida document number <u>LI4000052</u>	ility Company v	vere file	d on <u>0</u> :	3/31/20	14 a	ind assi	gned
This amendment is submitted to amend the follow	ng:						
A. If amending name, enter the new name of th	e limited liabil	ity com	pany here:				
The new name must be distinguishable and contain the word	s "Limited Liabilit	y Compar	ny," the designa	tion "LLC" or the	e ahbreviat	ion "L.I	, C."
Enter new principal offices address, if applicable	le:				· = 3 .	<u></u>	
(Principal office address MUST BE A STREET A	ADDRESS)				Fig.	ACPN 5	
					E	-	A) also disse
Enter new mailing address, if applicable:					SEE.	9 PM	
(Mailing address MAY BE A POST OFFICE BO	(X)				- F.C.	ယ္	
	_				Rich Rich	91	
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here:	•		_	er the n	iame (of the nea
Name of New Registered Agent:	DARIO		21608				
New Registered Office Address	39 500			W BLVD			
	ORLAN		inter Florida str	eetaddress ,Florida	328	807	
•		City		r los lua	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

Page 1 of 3

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>	Address	Type of Action
<u>468</u>	DARIO RODRIGUEZ	39 SOUTH SEMORAN BUND) Add
		ORLANDO 172 32807	Remove
			Change
Mbr	RAMON PETALTA	391 SOUTH SEMORAN BLUD	🗆 Add
		001200, FC 32807	X , Remove
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ffective date, if other than the date of filing:	(optional)		
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Page 3 of 3 Filing Fee: \$25.00