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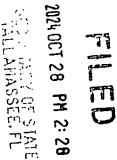
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

KACR CO SUBJECT:	NSTRUCTIONS LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspond	ondence concerning this matter	r to the following:	
	Cruz Maria Ruiz		
		Name of Person	
	KACR CONSTRUCTION	NS LLC	
		Firm/Company	
	2911 Big Sky Blvd		
		Address	
	Kissimmee, FL 34744	20240	4
	kacreonstruction@gmail.co	City/State and Zip Code  om  (to be used for future annual report notification)  call:  407 729-1747	٠.
	E-mail address: (	(to be used for future annual report notification)	Ĭ
For further information of	concerning this matter, please c	rall:	ſ
Cruz Maria Ruiz		407 729-1747 TE 28	
Name o	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration : Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations	
1 .O. DUX 032	- 1	The Centre of Tallahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

KACR CONSTRUCTIONS 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 December 8, 2014 \_\_\_\_ and assigned Florida document number \_\_\_\_\_L14000186790 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ModernPro Cabinets LU The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address \_, Florida \_ City

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>	Address	Type of Action
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	10/22		2024						
Dated		Y(1) 1	17	> .					
Dated _			1.4·						
Dated _		Signature	of a member	or authorized	representative	of a member		-	_

Filing Fee: \$25.00