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COVER LETTER

Division of Corporations
SUBJECT: KFE 305, LAC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Abraham A. Benhamu
Name of Person
KFE 305, LLC Firm/Company
Firm/Company
1880 NW 97th Avenue
Address
City/State and Zip Code abenhamu access telecom. net E-mail address: (to be used for future annual report notification)
City/State and Zip Code
abenhamu a accesstelecom net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Abraham A. Benhamu at (305) 468-1955 Ext. 226 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied 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**

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec liability Company)	eords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16000028137</u> .	were filed on <i>02/09</i>	1 /2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabit \mathcal{N}/\mathcal{A}	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(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 of registered agent and/or the new registered office address here		ords, enter the name of the ne
registered agent und or the new registered office address nerv	4//	,
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A Enter Florida street ad	dress
		Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre	·	·

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 heing 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
AMBR_	Abraham A. Benhamu	1882 NW 97th Avenue	□ Add
		Doral, FL. 33172	□ Remove
			∭ Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
		.	☐ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Change authorized person's title: from Manger [MGA to AMBR = authorized member. This change is for Abraham A. Benhamu-Owner
This change is for Abraham A. Renhamu-Owner
E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 October 17 2019
Signature of a member of authorized representative of a member
Signature of a member of authorized representative of a member Abraham A. Benhamu Typed or printed name of signee

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Filing Fee: \$25.00