

2160000 43949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

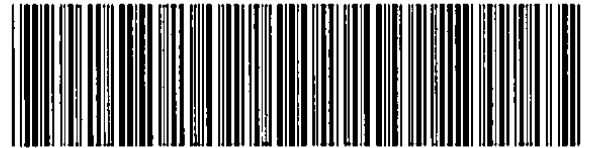
(Document Number)

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FILED  
2019 AUG 16 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 22 2019

T. LEMIEUX

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KPMO Enterprises, LLC  
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:

Laura Montanaro  
Name of Person

Abacus Payroll & Accounting, Inc.  
Firm/Company

1140-NE 2nd Street  
Address

Pompano Beach, FL 33060  
City/State and Zip Code

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

For further information concerning this matter, please call:

Laura Montanaro at (954) 270-3261  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration 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**

**FILED**

KPMO ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2019 AUG 16 P 3 54

The Articles of Organization for this Limited Liability Company were filed on 3/2/2016 **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**  
Florida document number L16000043949

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:**

689 NE 6TH COURT #405

**(Principal office address MUST BE A STREET ADDRESS)**

BOYNTON BEACH, FL 33435

**Enter new mailing address, if applicable:**

689 NE 6TH COURT #405

**(Mailing address MAY BE A POST OFFICE BOX)**

BOYNTON BEACH, FL 33435

**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:

JASON SCHOR

New Registered Office Address:

689 NE 6TH COURT #405

*Enter Florida street address*

BOYNTON BEACH

*City*

Florida 33435

*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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

|             |                          |                                      |   |
|-------------|--------------------------|--------------------------------------|---|
| <u>Sec.</u> | <u>LILIANA MANZANREZ</u> | <u>689 NE 6<sup>th</sup> Ct #405</u> | <input checked="" type="checkbox"/> Add |
|             |                          | <u>Boynton Bch, FL 33435</u>         | <input type="checkbox"/> Remove         |

☐ Change

|           |                       |                                  |   |
|-----------|-----------------------|----------------------------------|---|
| <u>VP</u> | <u>GARY JUDIVIANI</u> | <u>22933 Old Inlet Bridge Dr</u> | <input checked="" type="checkbox"/> Add |
|           |                       | <u>Boca Raton, FL 33435</u>      | <input type="checkbox"/> Remove         |

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[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Jason Schor

Typed or printed name of signee