L16000157346

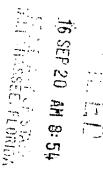
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DEPARTMENT OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
erm	KINDER 10			
SUB	JECT:	Name of Limi	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		PATRICIA BETANCOUR	T	
			Name of Person	
		KINDER10 LLC		
			Firm/Company	
		6133 MAYO ST		
			Address	
		HOLLYWOOD FL 33021		
			City/State and Zip Code	
		consol3725@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For fi	urther information c	oncerning this matter, please co	all:	
Patri	ca Betancourt		754 900-1384 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne 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:

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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

KINDER 10 LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L16000157346	ny were filed on 08/22/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	4	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		8
		101. N
		AT 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	amending the registered agent and/or registered office address on our records, enter the name of the n	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
works and a state of the state	City	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>	Address	Type of Action
AMBR	SALLY CONNER	3725 S Ocean dr Hollywood Fl 330	■ Add
	•		☐ Remove
			☐ Change
**			🖸 Add
			□ Remove
			Change
			□ Add
			□ Remove
			Semove Semove Change
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			☐ Remove
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		2016			0711.	13:50	***
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record specifies a delayed ef The 90th day after the record	fective date, bu is filed.	t not an effe	ctive time, at	12:01 a.	m. on	the ea	rlier o
ted September 01	, 2016						
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Page 3 of 3

Filing Fee: \$25.00