## L16000157346

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Cor	porations					
Kinder 10 I	LLC	·				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Sally Conner	•				
		Name of Person				
	Kinder 10 LLC					
Firm/Company						
	2215 Hollywood Blvd.					
		Address	<u> </u>			
	Hollywood, Fl.33020					
		City/State and Zip Code	···			
	consol3725@gmail.com		<u> </u>			
	E-mail address: (	to be used for future annual report notific	cation)			
For further information o	oncerning this matter, please ca	all:				
Salty Conner		954 647-9993 at ( )				
Name o	f Person		Telephone Number			
Enclosed is a check for the	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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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
2016 NOV-4 AM 9:37
SECRETARY OF STA

Kinder 10 LLC

| FAIL ARY OF STARY OF STATE
| Name of the Limited Liability Company as it now appears on our records.) | LAHASSEE | STATE
| STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | STATE | ST

	(A Florida Limited	Liability Company)	ASSEE, FLORIDA	
he Articles of Organization for this Limited l lorida document number L1600157346	Liability Company	were filed on 08/22/2016	and assigned	
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
inter new principal offices address, if appli	icable:	2215 Hollywood Blvd. Hollywood Fl 33020		
Principal office address MUST BE A STRE	ET ADDRESS)			
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)			
	-		enter the name of the	
	-		enter the name of the	
Name of New Registered Agent:	office address her	<u>e</u> :	enter the name of the	
egistered agent and/or the new registered (	Sally Conner	<u>e</u> :	enter the name of the	
	Sally Conner	od Blvd.  Enter Florida street address	ida 33020	

## 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
MGR	Patricia Betancourt	6133 MAYO ST.	Add
		Hollywood ,Fl .33020	■ Remove
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			Add
			☐ Remove
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fective date, if other than the must effective date is listed, the date must	late of filing:	anot be seize	to date of filing	or more than 90 day	(optional)	Programment to 605 00
ote: If the date inserted in this blocument's effective date on the De	ck does not me	et the applica	ible statutory f	iling requiremen	ts, this date w	ill not be listed
edificial a crice ave date on the De	partitient of Sta	ie s records.				
record specifies a delayed The 90th day after the reco		te, but not	an effectiv	e time, at 12	:01 a.m. o	n the earlier
ated 27 October		2016	·			
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Filing Fee: \$25.00