

L17000009764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

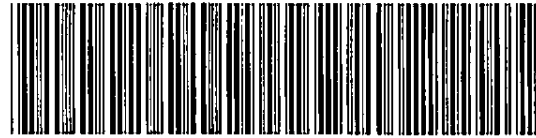
(Business Entity Name)

(Document Number)

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11/29/17--01008--028 **25.00

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2017 NOV 27 AM 11:34

17 NOV 29 AM 9:54

FILED
SECRETARY OF STATE
FALL HASSELL, JEFFREY
11/29/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KAIROS ENTERPRISE SERVICES 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:

Nathalie Lantigua
Name of Person

Nathalie Lantigua
Firm/Company

4110 W Pine Island RD Apt 417
Address

Sunrise Florida 33351
City/State and Zip Code

management@kairosenterpriseservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATHALIE Lantigua at (561) 6922319
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

Kairos Enterprise Services LLC

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

17 NOV 29 AM 9:54

SECRETARY
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 01/12/2017 and assigned
Florida document number L17000009764

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:

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

4110 N Pine Island RD
Sunrise FL 33302

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:

Nathalie Lantigua

New Registered Office Address:

4110 N Pine Island RD

Enter Florida street address

Sunrise

City

Florida 33351

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.

Nathalie Lantigua

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> |
|--------------|-------------------|---------------------------------|--|
| MGR | EDER SILVA | 1046NW 81 st Terrace | <input type="checkbox"/> Add |
| | | Plantation FL 33322 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | NATHALIE LANTIGUA | 4110 W Pine Island Rd | <input checked="" type="checkbox"/> Add |
| | | Apt 417 | |
| | | Sunrise FL 33351 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

New Address of the Corporation
4110 N Pine Island RD Apt 417
Sunrise, Florida 33351

Nathalie Antigua MGRM
4110 N Pine Island RD
Sunrise FL 33351

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SECRETARY OF STATE
FALLASSISTANT
17 NOV 29 AM 9:54

E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

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.

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 11/15/2017

Nathalie Antigua

Signature of a member or authorized representative of a member

NATHALIE ANTIGUA

Typed or printed name of signee