

5/15/24, 4:50 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L17000068215

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(((H24000175930 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INREP, LLC  
Account Number : I201700000048  
Phone : (754)333-1797  
Fax Number : (954)301-02102024 MAY 16 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Email Address: INREP101@OUTLOOK.COMLLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
K&M AGENCY SERVICES, LLC

|                       |         |
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K. SALY

MAY 17 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

(((H24000175930 3)))

SUBJECT: K&M AGENCY 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:

MARIO MARTIN

Name of Person

INREP LLC

Firm/Company

2333 N STATE ROAD STE L

Address

MARGATE, FL 33063

City/State and Zip Code

INREP101@OUTLOOK.COM

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

For further information concerning this matter, please call:

CARMEN E MELENDEZ DE VILLALTA

305 713-0577

Name of Person at (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)

**MailingAddress:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**StreetAddress:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000175930 3)))

K&amp;M AGENCY SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/27/2017 and assigned

Florida document number L17000068215

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 office address, if applicable:

7855 NW 12th ST SUITE 211

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33126

Enter new mailing address, if applicable:

7855 NW 12th ST SUITE 211

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33126

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:

HANSCY F VILLALTA

New Registered Office Address:

7855 NW 12th ST SUITE 211

Enter Florida street address

DORAL

Florida

33126

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.

(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

(((H24000175930 3)))

| <u>Title</u> | <u>Name</u>                   | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|-------------------------------|---------------------------|--------------------------------------------|
| MGR          | CARMEN E MELENDEZ DE VILLALTA | 311 NE 8TH ST STE 108     | <input type="checkbox"/> Add               |
|              |                               | HOMESTEAD, FL 33030       | <input checked="" type="checkbox"/> Remove |
|              |                               |                           | <input type="checkbox"/> Change            |
| MGR          | HANSKY F VILLALTA M           | 7855 NW 12th ST SUITE 211 | <input checked="" type="checkbox"/> Add    |
|              |                               | DORAL, FL 33126           | <input type="checkbox"/> Remove            |
|              |                               | N/A                       | <input type="checkbox"/> Change            |
| N/A          | N/A                           | N/A                       | <input type="checkbox"/> Add               |
|              |                               | N/A                       | <input type="checkbox"/> Remove            |
|              |                               | N/A                       | <input type="checkbox"/> Change            |
| N/A          | N/A                           | N/A                       | <input type="checkbox"/> Add               |
|              |                               | N/A                       | <input type="checkbox"/> Remove            |
|              |                               | N/A                       | <input type="checkbox"/> Change            |
| N/A          | N/A                           | N/A                       | <input type="checkbox"/> Add               |
|              |                               | N/A                       | <input type="checkbox"/> Remove            |
|              |                               | N/A                       | <input type="checkbox"/> Change            |
| N/A          | N/A                           | N/A                       | <input type="checkbox"/> Add               |
|              |                               | N/A                       | <input type="checkbox"/> Remove            |
|              |                               | N/A                       | <input type="checkbox"/> Change            |

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

N/A

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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) 5 The 90th day after the record is filed.

Dated

May 15

2024

Signature of a member or authorized representative of a member

HANSCY F. VILLALTA

Typed or printed name of signer

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TOLSON