L17000078495

(R	Requestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	
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(D	ocument Number)	
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE	-	ERVICES, LLC		
30031.		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		LISETT MURCH		
		LISETT MURCH EA PA	Name of Person	
		6635 W COMMERCIAL	Firm/Company BLVD STE 204-207	
		TAMARAC FL 33319	Address	· · · · · · · · · · · · · · · · · · ·
		P.LISETT@YAHOO.COM	City/State and Zip Code	
			to be used for future annual report not	tilication)
For furt	her information c	oncerning this matter, please c	all:	
LISET	Г MURCH		954 933-1261 at ()	
	Name o	d Person	at () Area Code Daytir	ne Telephone Number
Enclose	ed is a check for th	he 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

KAPTA SERVICES, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L17000078495}{L17000078495}$.	ere filed on <u>04/07/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abba	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 19 JUN - 7 AN 7: ALL AND SERVICE STATE S
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>enter fl</u>	en en ev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
MGR	MARICRUZ VALLE GUEVARA	1284 SW 115 WAY DAVIE FL 33325	□ Add
			■ Remove
			Change
			
			Remove
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Effective date, if other than the	date of filing:	6		
Fan effective date is listed, the date mus Note: If the date inserted in this blood document's effective date on the De	t be specific and cannot be prior to date ock does not meet the applicable st	of filing or more than 90 days after atutory filing requirements, this	Elias I D	1207 (3 I as th
e record specifies a delayed The 90th day after the rec	effective date, but not an order of the filed.	effective time, at 12:01	a.m. on the earlie	r of:
Dated MAY 21TH	2019			
- June 1	103			
	Signature of a member or authorized :	epresentative of a member		

D.

Page 3 of 3 Filing Fee: \$25.00