## U7600208840

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## **COVER LETTER**

Division of Cor				
	LTISERVICES, LLC			
SUBJECT:	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:		
	YOLANDA ARAGON			
		Name of Person		
	K & A MULTISERVICES	S, LLC		
		Firm/Company		
	2546 DUDLEY DR EAST	APT D		
		Address		
	WEST PALM BEACH FL	. 33415		
	-	City/State and Zip Code		
	KANDAMULTISERVICE:	to be used for future annual i	report notification)	
For further information co	oncerning this matter, please c			
YOLANDA ARAGON			3-8553	
Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclosed 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 enc	Certificat losed) Certified	te of Status &
Mailing Addres		Street Ac		
Registration S		•	ation Section n of Corporations	
Division of C P.O. Box 632	-		ntre of Tallahassee	
Tallahassee, I		2415 N	. Monroe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L17000208840	were filed on 10/09/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2546 DUDLEY DR EASTAPT D	
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33415	7 821
		JUN 28 1
Enter new mailing address, if applicable:		- 0
(Mailing address MAY BE A POST OFFICE BOX)		2 09
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	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
MGR	YOLANDA ARAGON	2546 DUDLEY DR EASTAPT D	≣Add
		WEST PALM BEACH, FL 33415	□Remove
AMBR	YOLANDA ARAGON	2546 DUDLEY DR EASTAPT D	□Add
		WEST PALM BEACH, FL 33415	Remove
		·	Change
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			□ Remove
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ffective date, if an effective date if the date	f other than the s listed, the date mus inserted in this ble tive date on the De	t be specific and ock does not m	cannot be prior to eet the applical	o date of filing or ole statutory fi	more than 90 d	_(option ays after fi ents, this o	ling.) Purs	uant to 605.0 not be listed	0207 d as
	a delayed effectiv	e date, but not	an effective tin	ne, at 12:01 a.r	n. on the earli	er of: (b)	The 90t	h day after	the
d is filed.	ne 23	,	2021	_ ·					
d is filed.			2021 LL nember or author	191	,				

Filing Fee: \$25.00