## U1000238252

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	HECTOR ALVAREZ III				
		Name of Person	1		
	LAW OFFICES HECTOR	ALVAREZ			
	•	Firm/Company			
	201 SEVILLA AVENUE,	SUITE 301,			
		Address			
	CORAL GABLES, FLOR	IDA 33134			
		City/State and Zip Code			
	HAESQ@AOL.COM	to be used for future annual report noti	firstian		
For further information	concerning this matter, please of	·	neation		
	•				
	( REGISTERED AGENT )	305 778-2490 at ()			
Name	of Person	Area Code Daytim	e 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)		
	LING ADDRESS:	STREET/COURI			
Divis	tration Section ion of Corporations	Registration Section Division of Corporations			
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Co	enter Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KJDT ENTERPRISES, Ilc

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 117	17/2017 and assigned
lorida document number 117000238252	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company he	re:
	_
he new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation & L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on	our records, enter the name of the ne
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	ida street address

## 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>	<u>Address</u>	Type of Action
AMBR	HECTOR ALVAREZ III ESQ	201 Sevilla Avenue Suite 301, Cord	eS ■ Add
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			□ Add
			☐ Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date in						<b>ptional)</b> ifter filing.) P	ursuant to 60	5.0207 (
Note: If the date inserted in this l	olock does no	ot meet the a	pplicable sta					
locument's effective date on the	Jepartment o	of State's rec	oras.					
e record specifies a delaye The 90th day after the re			t not an e	ffective tin	ne, at 12:0	1 a.m. cr	n the earli	ier of:
The Joan day after the re	2010 13 1110							
January 3rd, Dated		2018						
Pated		_ `	·	_				
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Typed or printed name of signee

Filing Fee: \$25.00