

**L17000238947**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H18000281825 3))



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

From: Account Name : LEGALZOOM.COM INC.  
Account Number : T2C010G00062  
Phone : (323) 962-8600  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KIMVESTMENT LLC**

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

JCS  
9-28-18

## FAX COVER SHEET

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TO

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COMPANY

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FAX NUMBER 18506176383

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FROM SarahAcevedo

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DATE 2018-09-27 08:11:38 PDT

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RE (((H18000281825 3))) LZ order # 527922612

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## COVER MESSAGE

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This email and any attachments to it may be confidential. If this email was sent to you in error, please notify me immediately by replying to this email, and please do not use, distribute, retain, print, or copy the email or any of its attachments. LegalZoom is not a law firm and provides self-help services at your specific direction. LegalZoom is located at 9900 Spectrum Drive, Austin, TX 78717.

To: Page 3 of 8  
Division of Corporations

2018-09-27 08:11:59 PDT

LegalZoom.com, Inc. From: Sarah Acevedo  
Page 2 of 2



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2018

LEGALZOOM.COM, INC.  
ATTN: CHEYENNE MOSELEY  
101 N BRAND BLVD., 11TH FLOOR  
GLENDALE, CA 91203

SUBJECT: KIMVESTMENT LLC  
Ref. Number: L17000238947

We have received your document for KIMVESTMENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 918A00018639

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KIMVESTMENT 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:

**Cheyenne Moseley**

\_\_\_\_\_  
Name of Person

**Legalzoom.com, Inc.**

\_\_\_\_\_  
Firm/Company

**101 N. Brand Blvd., 11th Floor**

\_\_\_\_\_  
Address

**Glendale, CA 91203**

\_\_\_\_\_  
City/State and Zip Code

**kimvestment@yahoo.com**

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

For further information concerning this matter, please call:

**Cheyenne Moseley**

**800 773-0888 ext. 9724**  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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  
Chifon Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIMVESTMENT 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 11/20/2017 and assigned Florida document number L17000238947

This amendment is submitted to amend the following:

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

Homeworks Solutions LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

P.O Box 421709

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee, Florida 32503

Enter new mailing address, if applicable:

P.O Box 421709

(Mailing address MAY BE A POST OFFICE BOX)

Kissimmee, Florida 32503

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:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Kimberly Burley	112 St. John Street Apt. 2	<input type="checkbox"/> Add
		Pensacola, Florida 32503	<input checked="" type="checkbox"/> Remove
AMBR	Kimberly Burley	P.O. Box 421709	<input checked="" type="checkbox"/> Add
		Kissimmee, Florida 32503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 22, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Kimberly Burley**

\_\_\_\_\_  
Typed or printed name of signer

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