L17000 250408

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only

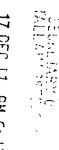


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FILING CANCELLED RETURNED CHECK

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COVER LETTER

TO: Registration Section .
Division of Corporations

FILING CANCELLED RETURNED CHECK

	DOCUMENT PREPARATION LLC					
SUBJECT: Name of Limited Liability Company						
	cles of Amendment and fee(s) are submitted for filing.					
Please return all c	orrespondence concerning this matter to the following:					
	Shanae Dayes					
	Name of Person					
	KNS DOCUMENT PREPARATION LLC					
	Firm/Company					
	1024 Carolina Ave					
	Address					
	Fort Lauderdale FL, 33312					
	City/State and Zip Code					
	shanaedayes@yahoo.com E-mail address: (to be used for future annual report notification)					
	h-mail address: (to be used for future annual report nouncation)					
For further inform	nation concerning this matter, please call:					
Shanae Dayes	954 683-4116 at ()	_				
	Name of Person					
Enclosed is a che	ck for the following amount:					
■ \$25.00 Filing	Fee \$\Bigcup \$30,00 Filing Fee & Bound Status \$55,00 \text{ Filing Fee & Bound Status \$60,00 \text{ Filing Fee & Certificate of Status \$60,00 \tex					

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILING CANCELLED RETURNED CHECK

KNS DOCUMENT PREPARATION L	C	7 0
(Name of the Limited L (A F	iability Company as it now appears on our rec forda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil Florida document number L17(00)250408	ity Company were filed on	6 :
This amendment is submitted to amend the following	ng:	7 6
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	::	J.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
-	City	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.

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
AMBR	Shanae Dayes	1024 Carolina Ave	
		Fort Lauderdale FL, 33312	
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RE	ETURNED CHECK		
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fective date, if other than	the date of filing:	(optional)
ote: If the date inserted in th	s block does not meet the applicable statutory filing requirement	
cument's cirective date on ti	e Department of State's records.	
record specifies a dela	yed effective date, but not an effective time, at 12	2:01 a.m. on the earlier
The 90th day after the		
Dec. 9th	2017	
ted		
	WK .	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00