

L18000010607

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR 30 PM 1:34

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: KEM NURSERY LLC

Florida Document L18000010607

Reference Correcting name of MGR

Dear Officer of the Division of Corporations:

We are writing to ask for a correction of the name of the MGR listed as Esteban, Felipe. We would like to explain that we have made a mistake when filed the original LLC documents because the last name is Felipe and the name is Esteban.

Incorrect name originally filed... Esteban, Felipe

The correct name is:

Name: Esteban
Lastname: Felipe

We have attached the amendment forms and the filing fee of \$25.00.

If you have any questions, please feel free to contact us at 786-728-3358. We would like to have a Spanish speaker person to contact us. We appreciate your help in this matter.

Detail by Entity Name

Florida Limited Liability Company
KEM NURSERY LLC

Filing Information

Document Number L18000010607
FEI/EIN Number NONE
Date Filed 01/11/2018
State FL
Status ACTIVE

Principal Address

20105 SW 256TH ST
HOMESTEAD, FL 33031

Mailing Address

PO BOX 344142
FLORIDA CITY, FL 33034

Registered Agent Name & Address

MIGUEL GASPAS, MARIA
175 SW 17TH TER
HOMESTEAD, FL 33030

Authorized Person(s) Detail

Name & Address

Title MGR

MIGUEL GASPAS, MARIA
175 SW 17TH TER
HOMESTEAD, FL 33030

Title MGR

ESTEBAN, FELIPE
175 SW 17TH TER
HOMESTEAD, FL 33030

should be
Felipe, Esteban
Please correct it

Annual Reports

No Annual Reports Filed

Document Images

01/11/2018 - Florida Limited Liability

[View image in PDF format](#)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEM NURSERY 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:

MARIA MIGUEL GASPAR

Name of Person

KEM NURSERY LLC

Firm/Company

PO BOX 344142

Address

FLORIDA CITY, FL 33034

City/State and Zip Code

PATTYSACCTAX@LIVE.COM

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

For further information concerning this matter, please call:

MARIA MIGUEL GASPAR

786 728-3358
at ()

Name of Person

Area Code

Daytime 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)

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**

KEM NURSERY 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 01/11/2018 and assigned
Florida document number L18000010607.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

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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

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>	<u>Type of Action</u>
MGR	ESTEBAN FELIPE	175 SW 17TH TER.	<input type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 25, 2018

Signature of a member or authorized representative of a member

MARIA MIGUEL GASPARI

Typed or printed name of signee