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COVER LETTER

SUBJECT: <u>Caree</u>	CS KichStart Name of Limit	ed Liability Company	
	Amendment and fee(s) are submitted to the concerning this matter to		
	Javier Mo	Name of Person	
	Careero Nick	Firm/Company	ti og
	1/940 SW 120"	Address	FL 33/86
	Migm: FL	33186 City/State and Zip Code	
	Saviera mon E-mail address: (to	be used for future annual re	port notification)
For further information co	ncerning this matter, please cal	11:	
Javier Mon Name of	Person	at (Q SY)	914 - 633 7 Daytime Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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**

(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Li Florida document number <u>L\800003</u>		vere filed on 2 .	/ 12 / 2018	and assigne	∘d
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the design	nation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applications	able:				 _
(Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>	ALL. SECF
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			8 2 0 PM 7: 52	FILE OF STATE HASSEE FLORIDA
B. If amending the registered agent and/ registered agent and/or the new registered of			r records, <u>enter</u>	the name of t	<u>he new</u>
Name of New Registered Agent:	3avice	Montan	رء		
New Registered Office Address:	11945 5	Enter Florida s			
	Miam.	City	, Florida	33186 Zip Code	.
New Registered Agent's Signature, if changing R	tegistered 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective (If an effec	e date, if other than the ive date is listed, the date mu	e date of filin ist be specific an	ng:	or to date of filin	g or more than 9	(optional) O days after filing) z.) Pursuant to 605.(
Note: If	the date inserted in this b	lock does not	meet the appli	icable statutory	filing require	ments, this date	will not be listed
aocumer	t's effective date on the I	Department of	State's record	S.			
	rd specifies a delaye Oth day after the re			ot an effect	ive time, a	: 12:01 a.m.	on the earlie
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Dated \(\)	ebrury 16		, <u>2018</u>	·	•		
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Page 3 of 3

Filing Fee: \$25.00