## 11800056263

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	_
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE



May 16, 2018

GEORGE DE LA TORRE 521 NW 59 CT MIAMI, FL 33126

SUBJECT: KEVKAY PERMITTING, LLC

Ref. Number: L18000056263

We have received your document for KEVKAY PERMITTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Letter Number: 818A00010221

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

## COVER LETTER

10: Registration Division of C			
Kevkay I	Permitting, LLC		
30 <b>00</b> 000	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	George De La Torre		
		Name of Person	
	Kevkay Permitting, LLC		
		Firm/Company	
	521 NW 59 CT		
		Address	
	Miami, FI, 33126		
	-	City/State and Zip Code	
	DELAMACI@yahoo.com		
r. e d re		to be used for future annual report noti	(ication)
ror turtner intormation	concerning this matter, please c	all:	
George De La Torre		786 216-9967 at ()	
Name	of Person	Area Code Daytime	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)

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kevkay Permitting LLC			7. F. 1982
(Name of the Lim	ted Liability Company a	s it now appears on our records.)	
The Articles of Organization for this Limited I Florida document number <u>L18000056263</u>	(A Florida Limited Liabi Liability Company wer		-9 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9 -
This amendment is submitted to amend the fol	lowing:		30
A. If amending name, enter the new name of	of the limited liability	company here:	•
The new name must be distinguishable and contain the  Enter new principal offices address, if appli  (Principal office address MUST BE A STREET)	cable:	ompany." the designation "LLC" or	the abbreviation "L.L.C."
Trincipal office uniaress most be A STALI		<del></del>	
Enter new mailing address, if applicable:	_		100 mm - 0 mm
(Mailing address MAY BE A POST OFFICE	BOX)		
-			[25] F3
B. If amending the registered agent and registered agent and/or the new registered o	/or registered office	address on our records, e	nter the name of the new
Name of New Registered Agent:	Maylin M. Lopez		
New Registered Office Address:	521 NW 59 CT		
		Enter Florida street address	
	Miami		a 33126
		Сиу	Zıp 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.

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
MGR	George De La Torre	521 NW 59 CT Miami, FL 33126	■ Add
			Remove
			Change
MRS	Maylin M Lopez	521 NW 59 CT Miami, FL 33126	Add
			■ Remove
			□ Change
			Add
			Remove
			PATE 240Ve
		<del></del>	☐ Change
		<del></del>	Add
			Remove
			□ Change
			Remove
			Change

Authorized Person i	———————	ge De Ca Time			
Registered Agent is	only to be Mayli	n M. Lopez			
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ective date, if other the effective date is listed, the left. If the date inserted is ument's effective date of	date must be specif a this block does	fic and cannot be prior not meet the applic	r to date of filing or	(opti more than 90 days afte ng requirements, thi	ional) r filing.) Pursuant to 605 02 is date will not be listed
record specifies a d he 90th day after t	elayed effecti he record is fi	ve date, but no led.	ot an effective	time, at 12:01	a.m. on the earlier
d Apail 9 H	,	2018	·		
_ <i></i>	u de h	a love			
	Signature	of a member or autho	orized representation	e of a member	

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Filing Fee: \$25.00