# 118000137060

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DIVISION DE CORPURATION

N COOPER JUN 1 5 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: K.A. OF Lakeland, UC  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:
Mayricio Azevedo Fracon Name of Person
K.A. OF Lakeland FL
6965 Piazza Grande Akeste 209
City/State and Zip Code  City/State and Zip Code  alejandra @ ales accounting net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mauricio Azevedo Frocon <sub>at</sub> (321) 900 - 7521  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secrificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  \$25.00 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

( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)				
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000137060</u> .	uny were filed on	06/01/2018	_ and assig	ned		
amendment is submitted to amend the following:  Famending name, enter the new name of the limited liability company here:  Even name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  The new principal offices address, if applicable:  Even pull office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  Eling address MAY BE A POST OFFICE BOX)  The new mailing address on our records, enter the name of the new tered agent and/or the new registered office address here:						
A. If amending name, enter the new name of the limited li	iability company he	<u>re</u> :				
The new name must be distinguishable and contain the words "Limited Li	iability Company." the de	signation "I.I.C" or the abbre	viation "L.L.C			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u> </u>	V 20		
			<u></u>	<u> </u>		
			 	역로~		
Enter new mailing address, if applicable:			<del></del>	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> -		—— <b>~&gt;</b> —	<u> </u>		
			: 2	<u> 경험</u> <u>독표</u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the	e name of	the nev		
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
		Florida				
New Registered Agent's Signature, if changing Registered Age	Cuy		Zip Code			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of i as provided for in C	my duties, and I am fam hapter 605, F.S. Or, if i	iliar with a his docum	and ent is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	Three Colors Flag LLC	6150 Metrowest Blvd	Add
		Suite 3058	<b>⊠</b> ,Remove
		orlando, FL 32835	Change
AMBR	Mauricio Azavedo	6150 Metrowest Blvd	<b>&amp;</b> Add
	Fracon	Suite 305B	Remove
		Suite 305B Orlando, FL 32835	Change
			Add
		<del></del>	□ Remove
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Filing Fee: \$25.00