

L18000137060

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(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K.A. OF LAKE LAND 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:

Alejandra Lopez

Name of Person

AES ACCOUNTING & CONSULTING LLC

Firm/Company

6965 PIAZZA GRANDE AVE
STE 314

Address

ORLANDO, FL 32835

City/State and Zip Code

admin@aesaccounting.net

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

For further information concerning this matter, please call:

Alejandra Lopez

407 530-0958

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

K.A. OF LAKELAND 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 06/01/2018

Florida document number L18000137060

This amendment is submitted to amend the following:

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

K.A. of Carmel Westfield LLC

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

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)

B. If amending the registered agent and/or registered office address on our records, enter the n
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

6965 PIAZZA GRANDE AVE STE 314

Enter Florida street address

Orlando

City

Florida 32835

Zip C

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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this is merely 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
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____ _____
_____	_____	_____ _____ _____ _____ _____
_____	_____	_____ _____ _____ _____ _____ _____
_____	_____	_____ _____ _____ _____ _____ _____ _____
_____	_____	_____ _____ _____ _____ _____ _____ _____ _____

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Business name change.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

E. Effective date, if other than the date of filing: _____ (optional)

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

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

Dated September 12, 2019

November 12, 2019

Maureen O'Hara

Signature of a member or authorized representative of a member

Mauricio Azevedo Fracon

Typed or printed name of signee