# L18000258841

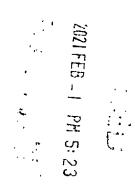
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ļ

Office Use Only



800358991548

03/01/21--01888--029 \*\*80.88



O SIMMONS MAR 1 6 2021

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KDJ Solutions L.L.C. 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:
Cheryl Kristina Sims Name of Person
KDJ Solutions LLC Firm/Company
7901 4th Str north Ste 300 300
St Petersburg, Fl 33702 City/State and Zip Code
E-mail address: (to be used for future annual report neutronation)
For further information concerning this matter, please call:
Cheryl Sims at 786 985-7836  Name of Person at 786 Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF	377	was the
	solutions,		
(Name of the Lir	nited Liability Company as it now	appears on our records.	<u> </u>
			,

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	11 132 8
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the	plutions /LC
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)	18215 NW 29th ct Miami Gardens F1. 33056
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	Than Solidation
New Registered Office Address:	
	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent.	City Zip Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member		أريا أستان	
<u>Title</u>	<u>Name</u>	Address \	2021 FEB - 1 PM 5: 23	Type of Action
		<del>\</del>	**************************************	□ Add
\		_		□Remove
				□Change
				\□ Add
		<del></del>		Remove
				□Change
				□Add
		<del>-</del>		□Remove
		<del></del>		□Change
				🗆 Add
				□Remove
				□Change
<del></del> -		$\overline{}$		□Add
		`/		Remove
		/		\\□Change
		<del>-</del>		□ \dd
		<del></del>		□Remove
				□Change

Lha	nging	000	ئصاؤ	ot c	ampai	. 1	am_	
126	al esta	ate `	to	Hair	Sevi	<u>)(æs</u>	/con	<u>1etol</u>
			·	_ <u>_</u>	<u> </u>			
<del></del> ,	<del></del>							
	<u></u>							202
							• • •	FEB
								1
								T O
			·	<u></u>		+ <del>18 +                                 </del>		त्य
<del></del>			<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	<u>- ω</u>
	<del></del>		<u> </u>	<u> </u>	<del></del>	<u> </u>	_	
			<u></u>	-	<del></del>			
<del></del>			<del></del>	<u> </u>	<del></del> -	<del></del> -	<del>-</del>	<del></del>
			<del></del>					
								<del></del>
fective date, if of n effective date is list te: If the date inst	ed, the date must be	specific and o	cannot be prior	or to date of fi	ing or more th	an OO days after	<b>ional)</b> er filing.) Pursu	ant to 605.02
ote: If the date insecument's effective	erica in una biock	uoes noi me	eet me anni	icabie statuir	ory filing req	uirements, th	is date will n	ot be listed
. 1								
ecord specifies a de is filed.	elayed effective da	ite, but not a	n effective	time, at 12:0	1 a.m. on the	e earlier of: (1	b) The 90th	day after th
led <u>Jar</u>	uary &	5,2	02/	2.				
	/ // \	V	_/\					