**Ŀ19 000006504**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP        ☐ WAIT        ☐ MAIL

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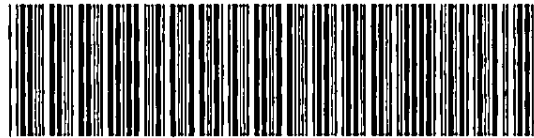(Business Entity Name)

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(Document Number)

Certified Copies _____        Certificates of Status _____

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Office Use Only

12/28/20--01003--024   **25.00

2/2/21

FILED
2020 DEC 28 PM 3:45

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _R J Model vending 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:

_Ruth Joanis_
Name of Person

_R J Model vending LLC_
Firm/Company

_886 NW 74th St_
Address

_Miami FL 33150_
City/State and Zip Code

_ruth_joanis08@hotmail.com_
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_Ruth Joanis_ at (_786_) _488 6649_
Name of Person          Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee    ☐ $30.00 Filing Fee &     ☐ $55.00 Filing Fee &      ☐ $60.00 Filing Fee,
                          Certificate of Status      Certified Copy             Certificate of Status &
                                                     (additional copy is enclosed)  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

_R J  Model vending  L L C_

(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 _01/04/2019_ and assigned

Florida document number _L 19000006504_

This amendment is submitted to amend the following:

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

_K J Global Property L L C_

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."

**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)_

2020 DEC 28 PH 3: FILED

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

Name of New Registered Agent: _____

New Registered Office Address: _____

_Enter Florida street address_

_____, **Florida** _____

City                                          Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

_hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
'ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability
)mpany 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, <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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---|---|---|---|
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
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| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |

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

_____

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**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 to 605.0207 (3)(b)
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   The 90th day after the record is filed.

Dated *December 23*, *2020*.

_____
Signature of a member or authorized representative of a member

*Ruth Joanis*
_____
Typed or printed name of signee

Filing Fee:   $25.00