1190000 67329

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Amendicus

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COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:	KIT-O LLC	;				
		Name of Lim	ited Liability Company			
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		ROSA REYES				
		M	Name of Person			
		KIT-O LLC				
			Firm/Company			
		5440 NW 33RD AVE STI	E 103			
		Address				
		FORT LAUDERDALE, FL 33309				
		City/State and Zip Code				
		info@kit-o.com				
		E-mail address: (to be used for future annual report notifi	cation)		
For further i	information co	oncerning this matter, please ca	all:			
Rosa Reyes	;		954 235-6025 at ()			
	Name of	Person		Telephone Number		
Enclosed is	a check for th	e following amount:				
□ \$25.00 I	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:

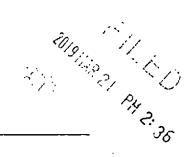
TO:

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



KIT-O 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 $\frac{03/11/2019}{1}$ and assigned Florida document number _____L19000067329 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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) 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

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.

Cirv

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>	Address	Type of Action
MGR	LULU FARRELL	5440 NW 33RD AVENUE. STE 103.	□ Adđ
_		FORT LAUDERDALE, FL 33309	
			■ Remove
			Change
MGR	NANCY FARRELL	5440 NW 33RD AVENUE, STE 103,	■ Ad đ
		FORT LAUDERDALE, FL 33309	579 m
			Remove
			□ Change
			□ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	
	3/18/19

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00