

L19000110170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

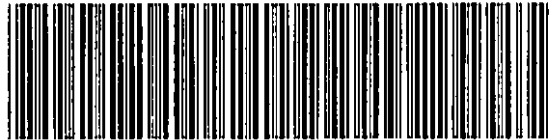
(Business Entity Name)

(Document Number)

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2021 MAR -4 PM 12:07

MAY 18 2021

R. HUNT

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** K&L PROPERTY SOLUTIONS 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:

CHRISTINA L HANSEN, CPA

\_\_\_\_\_  
Name of Person

ACCOUNTING & TAX EDGE LLC

\_\_\_\_\_  
Firm/Company

864 1ST STREET S

\_\_\_\_\_  
Address

WINTER HAVEN, FL 33880

\_\_\_\_\_  
City/State and Zip Code

HELP@YOURTAXEDGE.COM

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

For further information concerning this matter, please call:

CHRISTINA L HANSEN

863 875-7853

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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 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**

K&L PROPERTY SOLUTIONS 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 04/30/2020 and assigned  
Florida document number 119000110170.

This amendment is submitted to amend the following:

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

ELITE SERVICES OF CFL LLC

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)**

2120 STATE ROAD 540 W

WINTER HAVEN, FL 33880-1768

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2120 STATE ROAD 540 W

WINTER HAVEN, FL 33880-1768

**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: ACCOUNTING & TAX EDGE LLC

New Registered Office Address: 864 1ST STREET S

*Enter Florida street address*

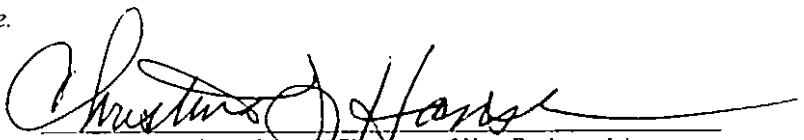
WINTER HAVEN, Florida 33880

*City*

*Zip Code*

**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.*

  
**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 being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	CALEB KEENEY	316 KENDALL DR	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33884	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KAYLA HART	316 KENDALL DR	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33884	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated 02-26- 2021

*[Handwritten signature]*

CALEB KEENEY

**Filing Fee: \$25.00**