(Requestor's Name) (Address) (Address)	200329831632
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(Address)	200329031032
(City/State/Zip/Phone #)	
	06/03/1901015032 **60 .00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: K AND LIFE HOLDINGS

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:



For further information concerning this matter, please call:

 ALPEPT
 BERNACET
 at (U31)
 836
 3683

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 560.00 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

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ARTICLES OF O	RGANIZATION
0	F ,
KANN LIFE HOLDINGS (Name of the Limited Liability Compa (A Florida Limited I	NUC interventer i
(A Florida Limited I	iability Company) 2年語 シレオー子 ジン に当り
The Articles of Organization for this Limited Liability Company Florida document number -1900128384	were filed on $M \Delta \gamma 13 + 2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u> AFTERLIFE HOLDING	SLLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1756 N BAYSHORE DR
(Principal office address MUST BE A STREET ADDRESS)	10+0
	MIAMI FL 33132
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1756 N BAYSHOPE DR 10-D
	MIAMIFL 33132
	e 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

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

Name of New Registered Agent:	ALBERT BERNACET		
New Registered Office Address:	1756 N	BAYSHORE	PR 10-D
	- <u></u>	Enter Florida street add	ress
	MIAMI		Florida 33132
		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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KUREJEAE GUTHRIE	166 NW 29th ST	🖸 Add
		MIAMI FL 33127	Remove
			Change
			🖸 Add
			🗆 Remove
		<u> </u>	Change
			🗆 Add
			C Remove
			Change
			O Add
			CRemove
			Change
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			Remove
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			E Remove
			_D Change

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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

<u>Note:</u> 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 MAY	28	2019
	d	AB. A
	Signa	ire of a member or authorized representative of a member
AL	BERT	BERNACET Typed or printed name of signee
		ryped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00