

L19000176566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

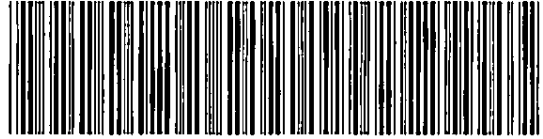
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

*ML*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2024

Gael Beriro  
1340 N US Highway 1  
Suite 102  
Jupiter, FL 33469

SUBJECT: HOFFMANN KEDS, LLC  
Ref. Number: L19000176566

We have received your document for HOFFMANN KEDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester  
Regulatory Specialist II

Letter Number: 724A00023738

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SECRETARY OF STATE  
TALLAHASSEE, FL  
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**KIRKLAND EVENT AND DESTINATION SERVICE, INC.**

25 S. Federal Highway, Lake Worth, FL 33460

Tel: 561.296.9449

November 4, 2024

Division of Corporations  
Attn: Regulatory Specialist II – Kiora Hester  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Letter Number 724A00023738  
Ref. Number L19000176566

Dear Ms. Hester:

The enclosed Articles of Amendment to Articles of Organization to change the name of **Hoffmann KEDS, LLC** to the name **Kirkland Event and Destination Services, LLC** was rejected because the name was not distinguishable from an existing name. Following communication with the Division of Corporation, I was informed that it is possible to authorize the use of the same name if I am also the owner of the entity with the same name.

I am the President of **Kirkland Event and Destination Service, Inc.**, document number P06000091421, with EIN 20-5173695. I am also the Managing Partner of Hoffmann KEDS, LLC (document number L19000176566, with EIN 84-2866907.

I hereby authorize the use of the name "**Kirkland Event and Destination Services, LLC**" **Hoffmann KEDS, LLC** so that it may change its name in accordance with the submitted Articles of Amendment to Articles of Organization.

Thank you for your prompt attention to this request.

Kirkland Event and Destination Service, Inc.

By: Paget Kirkland  
Paget Kirkland, A/K/A Paget Critchett  
Managing Partner

Enc.

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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2024

GAEL BERIRO  
1340 N US HIGHWAY 1  
SUITE 102  
JUPITER, FL 33469

SUBJECT: HOFFMANN KEDS, LLC  
Ref. Number: L19000176566

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Kiora Hester  
Regulatory Specialist II

Letter Number: 724A00023738

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOFFMANN KEDS, 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:

Gael Beriro

Name of Person

Gael Beriro, P.A.

Firm/Company

1340 N. US HIGHWAY 1, SUITE 102

Address

JUPITER, FL 33469

City/State and Zip Code

gael@berirolaw.com

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

For further information concerning this matter, please call:

Gael Beriro

at (561)

835-4611

Name of Person

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HOFFMANN KEDS, 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 07/18/2019 and assigned  
Florida document number L19000176566.

This amendment is submitted to amend the following:

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

KIRKLAND EVENT AND DESTINATION SERVICES, 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)

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 \_\_\_\_\_  
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

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TALLAHASSEE, FL

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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TALLAHASSEE FL

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 NOV -4 PM12:56

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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 November 5, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**



11/20/24 CORPORATE DETAIL RECORD SCREEN 9:30 AM  
NUM: P06000091421 ST:FL ACTIVE/FL PROFIT FLD: 07/10/2006  
FEI#: 20-5173695  
NAME : KIRKLAND EVENT & DESTINATION SERVICE, INC.  
PRINCIPAL: 120 NORTH FEDERAL HIGHWAY CHANGED: 01/13/12  
ADDRESS 206  
LAKE WORTH, FL 33460 US  
RA NAME : KIRKLAND, PAGET A NAME CHG: 08/09/07  
RA ADDR : 120 N. FEDERAL HIGHWAY ADDR CHG: 01/13/12  
206  
LAKE WORTH, FL 33460 US  
ANN REP : (2022) W 03/10/22 (2023) W 01/31/23 (2024) W 01/16/24

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: