Division of Carparations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KCO SERVICES, LLC

Account Number : I20200000018 Phone : (954)744-6605 Fax Number : (833)648-2730

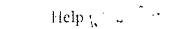
\*\*Enter the email address for this business entity to be used for future  $\bigcirc$ annual report mailings. Enter only one email address please. \*\*

Email Address: kcoserviceslc@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BIG STRENGTH CORPORATION

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	7)	
The Articles of Organization for this Limited Liability Company  Torida document number L19000214953	were filed on 08/22/2019	and assigned	
his amendment is submitted to amend the following:			
a. If amending name, <u>enter the new name of the limited lial</u>	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
TABLETT WAS TOO TALL A SERVICE OF THE SERVICE OF TH			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter	the name of the new regis	
N. D. Januari Office Address			
New Registered Office Address:	Enter Florida street address		
	, Flo	orida	
	City	Zip Code	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compty 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>	Address	Type of Action
President	Bicelis, Carmen	10710 NW 66St #410 Doral, FL 33178	□ Add
			Change
MGR	Bicelis Machado, Carmen Silvana	10710 NW 66St #410 Doral, FL 33178	
			□Remove
			☐ Change
MGR	Abreu, Barbara	10710 NW 66St #410 Doral, FL 33178	2020 <del>1</del> 0V
			Remove
			The Change
MGR	Abreu, Silvana	10710 NW 66St #410 Doral, FL 33178	□ Add
			■Remove
			Change
<del></del>			□Add
			□Remove
			Change
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			Change

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Effective date, if other than the d	ate of filing:		(optional	)
Effective date, if other than the d fan effective date is listed, the date must l Note: If the date inserted in this bloo	be specific and cannot be price	r to date of filing or mor	e than 90 days after film	g.) Pursuant to 605.0
Note: If the date inserted in this block document's effective date on the Dep	ex does not meet the appli- partment of State's record	s.	equirements, and dat	C Will hot ou lipsou
record specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	he 90th day after t
d is filed.				
Dated November 24	2020			
Jaico	,	_ <del></del> ·		
	(812	)		
	ignature of a member or aut		<del>*</del>	

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