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(City/State/Zip/Phone #)

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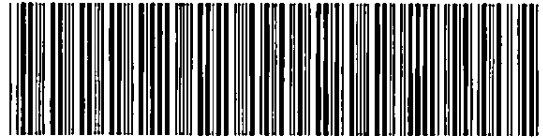
(Business Entity Name)

(Document Number)

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2024 MAY 24 AM 4:49
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KSSG Construction
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:

Monica La O
Name of Person

KSSG Construction
Firm/Company

184 Prince Phillip Dr
Address

St. Augustine FL 32092
City/State and Zip Code

innovativebuilderllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica La O at (407) 216-9787
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

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

KSSG Construction 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 9/18/2019 and assigned
Florida document number L19000236442

This amendment is submitted to amend the following:

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

KSSG Management 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)

184 Prince Phillip Dr
St. Augustine FL 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

184 Prince Phillip Dr
St. Augustine FL 32092

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:

Keyla Garcia

New Registered Office Address:

184 Prince Phillip Dr

Enter Florida street address

St. Augustine

City

Florida

32092

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.

Keyla Garcia

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

[illegible]

[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) **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.

Dated 5/16/24, _____

M. Lao
Signature of a member or authorized representative of a member

Monica Lao
Typed or printed name of signee