

L19000279380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

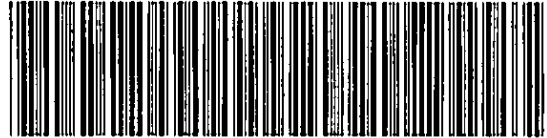
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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APR - 4 2022

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FILED
2022 MAR 21 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KC Family 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:

Jacqueline Cuevas
Name of Person

KC Family Solutions, LLC
Firm/Company

4651 S.W. 100th Ave
Address

Miami, FL 33165
City/State and Zip Code

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

For further information concerning this matter, please call:

Jacqueline Cuevas at (305) 728-9830
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
2022 MAR 21 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 12/21/2021 and assigned Florida document number L19000279380.

This amendment is submitted to amend the following:

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

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:

Zeve Cuevas

New Registered Office Address:

4651 S.W 100th Ave

Enter Florida street address

Miami

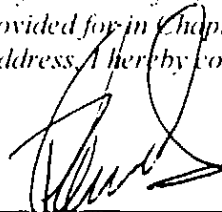
City

Florida 33165

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

[illegible]

This image shows a single page from a notebook or ledger. It features ten evenly spaced horizontal black lines across its entire width. The lines are thin and uniform, providing a guide for writing. There are no margins, headers, footers, or other markings present on the page.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

AMENDMENT TO PARTNERSHIP STATEMENT

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following to amend a partnership statement:

(Note: An amendment to a partnership statement cannot be filed with the Florida Department of State unless the partnership statement being amended was previously filed and is of record with this office.)

FIRST: The name of the partnership is: KC Family Solutions, LLC

SECOND: The partnership was registered with the Florida Department of State on 12/21/2021
and assigned registration number L19000279380.

THIRD: This amendment is to amend the following statement

- ☒ Statement of Partnership Authority, filed on 12/21/2021 assigned document number GP _____.
- ☐ Statement of Dissolution, filed on _____, assigned document number GP _____.
- ☐ Statement of Denial, filed on _____, assigned document number GP _____.
- ☐ Statement of Dissociation, filed on _____, assigned document number GP _____.
- ☐ Statement of Merger, filed on _____, assigned document number GP _____.
- ☐ Statement of Limited Liability Partnership Qualification, filed on _____, assigned document number LLP _____.

FOURTH: Text/Substance of Amendment:

FIFTH: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

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.

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this 1 day of March, 2022

Signature of a partner or authorized person: [Signature]

Typed or printed name of person signing above: Jackeline Cuevas

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)