

L19000286669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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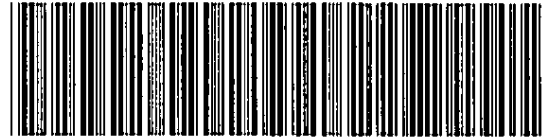
(Business Entity Name)

(Document Number)

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JUN 16 2020

Law Offices of

Roxana I. Nasco P.A.

Roxana I. Nasco, Esq.
LL.M. in Taxation
roxana@nascolaw.com

Tax & Estate Planning
Residential & Commercial Real Estate
Probate & Trust Administration
Business Succession Planning
Business Entities

May 27, 2020

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Amendment to Articles of Organization –
Kairos Associate Group LLC, Florida Document No. L19000286669**

Ladies and Gentlemen:

Enclosed for filing please find the original Articles of Amendment to the Articles of Organization for the referenced company, which reflects the deletion of a certain authorized member. For this purpose, enclosed please find a check in the amount of \$25, representing the filing fee.

Once filed, please return a date stamped copy to our office in the self-addressed, stamped envelope provided for your convenience.

If you have any questions, please do not hesitate to call us.

Sincerely,

ROXANA I. NASCO, P.A.


Roxana I. Nasco, Esq.

RIN/
Enclosures

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KAIROS ASSOCIATE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2029 JUL -1 PM 4:58

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 10, 2019 and assigned
Florida document number L19000286669

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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Type of Action

☐ Add Remove☐ Change☐ Add☐ Remove

□ Change

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

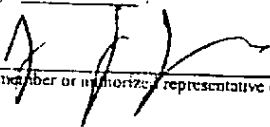
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E. Effective date, if other than the date of filing: _____ (optional)

(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 May _____, 2020


Signature of a member or authorized representative of a member

JORGE TAPIA

Typed or printed name of signor

Filing Fee: \$25.00