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COVER LETTER

TO: Registration Section

Division of Co	orporations			
	Kangaroo Joey LL	.c		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Hector So	oliman		
		Name of Person	,	
	Kangaroo	Joey LLC		
		Firm/Company		
	21733 SW	V 101 Ave		
Address Miami, FL. 33190				
	, ,	gmail.com		
	E-mail address: (to be used for future annual report n	otification)	
For further information	concerning this matter, please c	all:		
Hector Sol	iman	305 432-1322 at ()		
Name	of Person	Area Code Days	time 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addro Registration		Street Address: Registration S		
-	Corporations		Registration Section Division of Corporations	
P.O. Box 63	•	The Centre of	f Tallahassee	
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kangaroo Joey LLC		44 - 1 1 2 1 PH 5: 34
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed onApril 13, :	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" 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)		
	-	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street add	ress
		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 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>	Type of Action
AMBR	Hector Soliman	21733 SW 101 Ave, Miami Fl. 33190	■Add
			Remove
			□Change
AMBR	Maritza Soliman	21733 SW 101 Ave, Miami FL, 33190	= Add
			□Remove
			□Change
			🗀 Add
			Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

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Note	ctive date, if other than the date of filing:
If the record is	ord 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 filed.
	d
Date	