## L20000110769

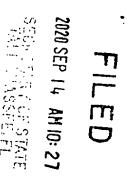
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SEP 15 MW

## **COVER LETTER**

		C FUTURE LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondenee concerning this matter	to the following:	
	К	ADIR A. CALVO-FELIPE	
		Name of Person	
		KCF FUTURE LLC	
		Firm/Company	
	8700	9 SOUTHSIDE BLVD # 2009	
		Address	
	JA	CKSONVILLE, FL 32256	
		City/State and Zip Code	<del></del>
Division of Corporations    KFC FUTURE LLC     Name of Limited Liability Company			
For further information		·	tification)
KADIR A.	CALVO-FELIPE	1.10	
Name	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for	the following amount:		
CI \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			ection
Division of C	Corporations	Division of Co	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KCF FU	JTURE LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears of I Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on $\frac{04/23}{}$	/2000	and ass	igned
Florida document number 1.20000110769				
his amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:			
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the desig	nation "LLC" or the		L.C."
Inter new principal offices address, if applicable:	8700 SOUTHSIDE	BLVD # 2009	020 S	
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE.	FL 32256	SEP I	- 11
			F	<u> </u>
			MAR AND STREET	ED
inter new mailing address, if applicable:			い。 である <b>2</b>	
Mailing address MAY BE A POST OFFICE BOX)				
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our reco	rds, <u>enter the na</u>	me of the new	register
Name of New Registered Agent:	KADIR A. CALVO-FELIPE			
New Registered Office Address:	8700 SOUTHSID	E BLVD # 2009		
	Enter Florida	street address		
J#	ACKSONVILLE	Florida _	32256	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	KADIR CALVO	8700 SOUTHSIDE BLVD # 1504	
		JACKSONVILLE, FL 32256	≣Remove
			Change
Р	KADIR A. CALVO-FELIPE	8700 SOUTHSIDE BLVD # 2009	<b>∃</b> ∧dd
		JACKSONVILLE, FL 32256	□Remove
			7020 PP
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			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change

If amend	ling any other information	, enter change(s) here: /Atta	ich additional sheets, if n	ecessary.)	
				<del>.</del>	
				<del></del>	
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				<b>20</b>	
				2020 SEP	7
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				1144 <b>5</b>	
				77 <b>27</b>	
(If an effecti - <u>Note:</u> - If t	ive date is listed, the date must be	e of filing:	Utiling or more than 90 days at	ter filing.) Pursuant to 605,020	07 (3) as the
ne record spord is filed.		te, but not an effective time, at 1	2:01 a.m. on the earlier of:	(b) The 90th day after th	ic
Dated	September 9th	2020			
	(	28			
	Sign	ature of a member or authorized rep	oresentative of a member		
		KADIR A. CALV	O- FELIPE		
	T-12*	Typed or printed name	of signee		

Filing Fee: \$25.00