## 120000168442

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

ision of Cor	porations			
	OPING INVESTMENT LLC			
	Name of Lim	ited Liability Company		
d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
i all correspo	ndence concerning this matter	to the following:		
	RICHARD PENA ZAMBI	RANO		
		Name of Person		
	MERGE TO GROW LLC			
		Firm/Company	<del></del>	
	2850 DEER CREEK COM	IMERCE LN		
		Address		
	DAVENPORT, FLORIDA	33837		
City/State and Zip Code				
	·		notification)	
nformation co		·	TOTAL CANADA	
	BRANO	407 912-9410	9	
Name of	Person	Area Code Day	rtime Telephone Number	
a check for th	e following amount:			
Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	My DEVEL  d Articles of a all corresponding a check for the	Name of Lim  If Articles of Amendment and fee(s) are substantial correspondence concerning this matter  RICHARD PENA ZAMBI  MERGE TO GROW LLC  2850 DEER CREEK CON  DAVENPORT, FLORIDA  TAXES@MERGETOGRO  E-mail address: (i)  Information concerning this matter, please can penal address of Person  Name of Person  a check for the following amount:  Filing Fee  \$30.00 Filing Fee &	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  RICHARD PENA ZAMBRANO  Name of Person  MERGE TO GROW LLC  Firm/Company  2850 DEER CREEK COMMERCE LN  Address  DAVENPORT, FLORIDA 33837  City/State and Zip Code  TAXES@MERGETOGROW COM  E-mail address: (to be used for future annual report information concerning this matter, please call:  PENA ZAMBRANO  Name of Person  Area Code  \$\int \frac{407}{\text{Area Code}} \frac{912-9416}{\text{Day}} \rightarrow  a check for the following amount:  Filling Fee  \$\int 3000000000000000000000000000000000000	

Mailing Address:

TO:

**Registration Section** 

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

2021 OCT 23 PH 2: 35
SECKETIANY OF STATE
TALLAMASSEE, FL

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KJ DEVELOPING IN	VESTMENT LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	06/17/2020	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	nility company he	re:		
KEYLA CHIRINOS SIVIRA LLC		<u></u> -		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable:	624 SARDINIA	624 SARDINIA CIR		
(Principal office address MUST BE A STREET ADDRESS)	DAVENPORT, FL 33837			
Enter new mailing address, if applicable:		624 SARDINIA CIR		
(Mailing address MAY BE A POST OFFICE BOX)	DAVENPORT, FL 33837			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	ida street address		
	Florida			
N 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this c performance of provided for in C	my duties, and I am fa Thapter 605, F.S. Or, i	imiliar with and Lifthis document is	
If Chair	nging Registered Age	ent, <u>Signature of New Reg</u> i	sterêd:Agen 🔾 🗼 🚼	

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 Title <u>Name</u> Address **Type of Action** □Remove \_\_\_\_\_\_\_ 🖸 Add \_\_\_\_\_ Change □Remove \_\_\_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ □ Remove 2024-DCT 2366 \$1002-13-10 14-11-13-13-1