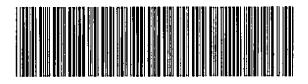
## L20000 176021

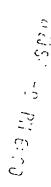
(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phon	e #)
PICK-UP	₩AIT	MAIL
(Bı	isiness Entity Nai	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Opecial manuellona to	Timing Officer.	

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OCT 19 2020

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	KIEFPACKZ LLC		
	Name of Lir	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sui	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	<del></del>
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	<del></del>
	EFILE1234@INCFILE.CO	)M	
	E-mail address:	to be used for future annual report not	ification)
or further information	concerning this matter, please of	all:	
OVETTE DOBSON		888 462-3453	
Name	of Person	at () Area Code Daytin	ne Telephone Number
nclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJORKIEFPACKZ LLC 20082 - 2 PM 6: 50

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000176021	were filed on <u>06/24/2020</u> a	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	13871 MAGNOLIA CT	
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33325	
		<del></del>
Enter new mailing address, if applicable:	13871 MAGNOLIA CT	
(Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33325	
agent and/or the new registered office address here:  Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Vew Registered Agent's Signature, if changing Registered Agent:	City Zip	o Code
hereby accept the appointment as registered agent and agravovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am famili provided for in Chapter 605, F.S. Or, if this	ar with and states are
If C'hur	ging Registered Agent, Signature of New Registere	d Avent

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> [17,8] -9 [1,18:30	Type of Action
AMBR	KIARA HERNANDEZ	13871 MAGNOLIA CT	
		DAVIE, FL 33325	□Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
<del></del>	····		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
		<del></del>	□Change
	<del></del>		□Add
			□Remove
			□Change

<del></del>	
Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state occument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 tutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at I is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
AUGUST 25 2020	
<u> </u>	

Filing Fee: \$25.00