L20000222123

(Red	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporation	s	
SUBJECT: Klypz	111	
SUBJECT: NIVOZ	Name of Limited Liability Company	
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
	Kurthen Schneider	
	Kurthly Sinneiter Name of Person	
	KIVIZ LLC Firm/Company	
	12240 S.W. 20th St. Address	
	Miami Florida / 33177 City/State and Zip Code	
	Jim KlyPZ (Imail.Com E-mail address: (to be used for future annual report notification)	
For further information concerning	g this matter, please call:	
MuAney Shreider	at (305) 713-4427 Area Code Daytime Telephone Number	
Name of Person	Area Code Dayume Telephone Number	
Enclosed is a check for the following	ing amount:	
	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc	
Mailing Address: Registration Section	Street Address: Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appea nited Liability Company)	irs on our records.)	<u>.</u> _	_	
The Articles of Organization for this Limited Liability Com Florida document number <u>L 2000222123</u>	pany were filed on	11/24/2020	an	d assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company h	ere:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or th	e abbreviatio	ll" nc	C.''
Enter new principal offices address, if applicable:			 		
(Principal office address MUST BE A STREET ADDRES.	<u></u>		3月	020	
				<u> </u>	·· <u>Fy</u>
			#* ÷	-7	,
Enter new mailing address, if applicable:			<u>_</u>	<u>>></u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			7	<u> </u>	<u> </u>
			· · · · · · · · · · · · · · · · · · ·	<u>~</u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our i	records, <u>enter the n</u>	ame of the	е печ	<u>regist</u>
Name of New Registered Agent:					-
New Registered Office Address:					
	Enter Flo	orida street address			
		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>	Address	Type of Action
AR	Hurtney Schneider	12240 S.W. 207th St.	□∧dd
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f an eff <u>Note:</u>	ive date, if other fective date is listed, the If the date inserted tent's effective date	he date mu I in this b	st be specific lock does n	and cannot be of meet the	applicable st	of filing itutory	or more the	han 90 days a	ptional) ifter filing. this date) Pursuant to 605.0207 will not be listed as
recor d is fil	rd specifies a delaye led.	ed effectiv	ve date, but	not an effec	ctive time, at	12;01 a	.m. on tl	ie earlier of	(b) Th	e 90th day after the
Dated	November	14#	h	772	<u> 20 </u>					
			Hufty Signature	of a member of	or authorized r	epresent	ative of a	member	·	

Filing Fee: \$25.00