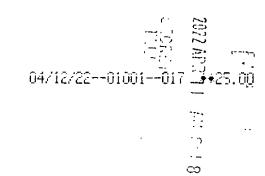
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(Requestor's Name)
(Address)
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(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	KiCo Prope	er Liability Company	<u>.lc</u>
	Name of Lim	ted Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	himber	ly Cohen	
		Name of Person	
		Firm/Company	-
	4247	Little Osprey D)(
	Tallaha	SEC FC 323 City/State and Zip Code	303
	Himbert E-mail address: (t	obe used for future annual report no	iffication)
For further information co	oncerning this matter, please ca	ill:	
- Kimberly Named of	(her) (Person	at (<u>\$50</u>) <u>32</u> Area Code Dayti	- CZY me Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 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 Address Registration S		Street Address: Registration S	ection
Division of Co	orporations	Division of Co	orporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
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 Compa (A Florida Limited I.	SCOVICES LLC ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 287712</u>	were filed on $\frac{9}{21}$	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile and contain the words "Limited Liabile and Contain the words "Liabile and Contain the word	Maintenance	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Same	7.7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Same	
		₩ ————————————————————————————————————
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	Same.	
New Registered Office Address:	SGMC Enter Florida street add	ress
	,	Florida
	City	Florida 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
	• !		□Change
	!		☐Add Remove
	 		Remove :
			□Change □Add
	<u> </u>		□Remove
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Effective date, if othe If an effective date is listed. Note: If the date inserted document's effective date.	I, the date must be specific ed in this block does r	c and cannot belprion of meet the appl	icable statutory fili	more than 90 days		
e record specifies a dela rd is filed.	iyed effective date, but	t not an effective	time, at 12:01 a.m	, on the earlier o	f: (b) The 9	0th day after the
Dated April	11	$\frac{2027}{50}$				
	Signature	of a member or aut	horized representative	re of a member		

Filing Fee: \$25.00