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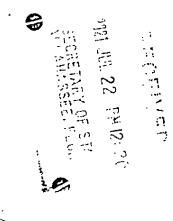
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Special Instructions to Filing Officer:
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Office Use Only



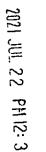
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! ALBRITTON



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations ty Scrivces LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Katherine Espinoza		
		Name of Person	
		Firm/Company	····
	14 Birchbark Ln.		
		Address	
	Palm Coast, FL 32137		
		City/State and Zip Code	
	kckservices447@gmail.con		724
For further information c	n-mail address: (oncerning this matter, please ca	to be used for future annual report not all:	nication)
Carlos Espinoza		904 728-6824 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

r records.)

KCK Quality Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	. 2020 and assigned
Florida document number L20000297049		
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our recor	ds, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida st	
	Enler Florida si	
		Florida
	/ Year.	Zin Coda
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr		·

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>	<u>Address</u>	Type of Action
AMBR	Katherine Espinoza	14 Birchbark Ln. Palm Coast, FL 32137	□Add
			□Remove
			■ Change
AMBR	Eddy Espinoza	14 Birchbark Ln. Palm Coast, FL 32137	□Add
			Remove
			🖻 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Add
			Change
			🗆 Add
			Remove
			□Change

fective date, if other than the date of filing: (optional) neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ttg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the field. Signature of a membey or authorized representative of a member.		
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Signature of a member or authorized representative of a member	ted	July 22, 2021
/		Signature of a member or authorized representative of a member
Eddy Espinoza		/
		Typed or printed name of signee

Filing Fee: \$25.00