L20000371156

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COVER LETTER

TO: Registration Se Division of Cor			
	TIONS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Carlos Velasquez		
		Name of Person	
	KV Solutions, LLC		
		Firm/Company	
	Davie, FL 33330		
		City/State and Zip Code	
	cvelasquez@vivogroup.net		
For further information of	n-mail address: (concerning this matter, please c	to be used for future annual report notification all:	
Carlos Velasquez		786 547-4483	· · · · · · · · · · · · · · · · · · ·
Name o	of Person	Area Code Daytime Telep	shone Number P
Enclosed is a check for the	he following amount:		· To
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & E Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Section	

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**

KV SOLUTIONS, LLC

(Name of the Limited Lightlity Company as it now appears on our records)

(A Florida Limite	ed Liability Company)	ccords.
The Articles of Organization for this Limited Liability Compa Florida document number L20000371156	ny were filed on Nov. 24, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		202 S :
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street a	ldress
		, Florida
	City	, FloridaZıp Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and ag	gree to act in this capacity.	I further agree to comply with
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi-	te performance of my dutie. s provided for in Chapter 6	s, and I am familiar with and 05, 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
MGR	Miriam Ravelo	7545 West 24th Ave, #100, Hialeah, FL 33016	\alpha Add
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ffective date, if other than than effective date is listed, the date m	ast be specific ar	id cannot be pi	rior to date of	filing or more	than 90 days a	ptional)	Pursuant t	20 PH 2: 10
ote: If the date inserted in this cument's effective date on the	block does not Department of	State's recor	olicable statu rds.	tory filing r	equirements,	this date v	vill not be	e listed a
record specifies a delayed effect	ive date, but no							
record specifies a delayed effect is filed.	ive date, but no							
record specifies a delayed effect is filed. ated August 12	ive date, but no	2021	·					
18 filed.	ive date, but no		·					
18 filed.	Signature of a	2021	·		marsh			_

Filing Fee: \$25.00