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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Co	opies Certificates of Status
Special In	structions to Filing Officer:
İ	Office Use Only



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10/25/21--01028--012 **55.00



C. BRUMBLEY

COVER LETTER

TO:

TO:	Registration Sec Division of Corp	ction porations					
041B.18		KAISER	&C() LLC				
SUBJE	.C1;	Name of Limite	ed Liability Company				
The end	closed Articles of a	Amendment and fee(s) are subm	itted for filing.				
Please i	return all correspon	ndence concerning this matter to	the following:				
		CECILIA BERMUDEZ					
	\		Name of Person				
			KAISER&CO LLC				
	ļ		Firm/Company				
		5254 MIRROR LAKES BLVD					
		Address					
		ВС	OYNTON BEACH/FL 3347.	2			
			City/State and Zip Code				
	CECILIABER47@HOTMAIL.COM						
			be used for future annual repor	t notification)			
For furt		oncerning this matter, please cal	1:				
	CECILIA BEI		at ()	346-7619			
	Name of	Person	Area Code D	aytime Telephone Number			
Enclose	ed is a check for th	e following amount:					
■ \$25	5.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &		
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	The Centre	n Section Corporations of Tallahassee onroe Street, Suite 8	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAISER&CO LLC

(<u>Name of the Lim</u>	ited Liability Co (A Florida Limi	mpany as it now appeated Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Florida document numberL21000002014	Liability Comp	any were filed on _	DECEMBER 22, 2020	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited	liability company h	<u>nere</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited L	.iability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	n	
(<u>Principal office address MUST BE A STRE</u>	ET ADDRESS	<u> </u>		
i i				202
Inter new mailing address, if applicable:		N/A	<u> </u>	2021 O
Mailing address MAY BE A POST OFFICE BOX)			<u></u>	
				· Oi [
			· · · · · · · · · · · · · · · · · · ·	- E
B. If amending the registered agent and/or		ice address on our	records, enter the name	of the new registere
agent and/or the new registered office addr	<u>ess here</u> :			4
Name of New Registered Agent:	N/A			8
New Registered Office Address:	N/A			
New Registered Office Madress.		Enter Flo	orida street address	
			, Florida	
		City	, rionua	Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

	anager uthorized Member		
	<u>Name</u>	Address	Type of Action
	Donaldo Andres Sandoval	5254 Mirror Lakes Blvd, Boynton Beach, FL.33472	= Add
			□Remove
			🗆 Change
BR	Donaldo Manuel Sandoval	5254 Mirror Lakes Blvd, Boynton Beach, FL.33472	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
_			□Add
			□Remove
			□Change
_			□Add
			□Remove
			□Change
			□Add
			□Remove

_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u> </u>	
	
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<u></u>	
<u> </u>	
E. Effective date, if other than the date of filing: (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	to 605.0207 (3)(the listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date of the field.	iy after the
Dated October 19 2021	
Carilia Boundar	
Signature of a member or authorized representative of a member	
Cecilia Bermudez	
Typed or printed name of signee	