

L21000027415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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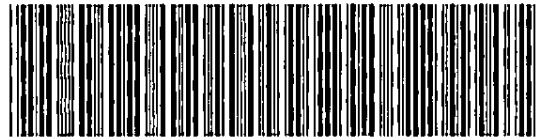
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** F.K.L Enterprises, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cerina Anderson

\_\_\_\_\_  
Name of Person

CRS A- Touch Consulting Group, LLC

\_\_\_\_\_  
Firm/Company

13900 Jog Road #203-266

\_\_\_\_\_  
Address

Delray Beach, FL 33446

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cerina Anderson

561 386-9815

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

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FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

F.K.L. Enterprises, 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 01/07/2021 and assigned  
Florida document number L21000027415.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

FABIAN LACUE

New Registered Office Address:

*Enter Florida street address*

                      
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

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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>	<u>Address</u>	<u>Type of Action</u>
Pres	FABIAN LACUE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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 2711  
 1211

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

The above changes are being submitted to correct the first name spelling of the Registered Agent.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

FABIAN LACUE

Typed or printed name of signee

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## Detail by Entity Name

Florida Limited Liability Company  
F.K.L. ENTERPRISES, LLC

### Filing Information

Document Number L21000027415  
FEI/EIN Number 86-1786007  
Date Filed 01/12/2021  
Effective Date 01/07/2021  
State FL  
Status ACTIVE

### Principal Address

2521 NW 8TH COURT  
BUILDING 39, APT 2  
FT. LAUDERDALE, FL 33311

### Mailing Address

2521 NW 8TH COURT  
BUILDING 39, APT 2  
FT. LAUDERDALE, FL 33311

### Registered Agent Name & Address

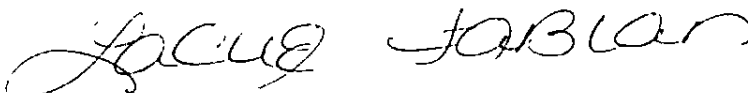
LACUE, FABIEN  
2521 NW 8TH COURT  
BUILDING 39, APT 2  
FT. LAUDERDALE, FL 33311

### Authorized Person(s) Detail

#### **Name & Address**

Title P

LACUE, FABIEN  
2521 NW 8TH COURT BLDG. 39, APT 2  
FT. LAUDERDALE, FL 33311



### Annual Reports

No Annual Reports Filed

### Document Images

01/12/2021 -- Florida Limited Liability

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