# LZ10000029425

(Requestor's Name)
(Address)
(Address)
(City/State/7in/Phone #\)
(Only Carlot Elph Holic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Conjes Configures of Status
Certificates of Status
Special Instructions to Filing Officer:
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status

Office Use Only



300375721273

10/28/21--01003--013 ++25.00

11/4/21

2021 OCT 28 AM ID: SC ACCOPIASSE STRUMBER A

## **COVER LETTER**

Division of Corporations  SUBJECT: 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:  Cardon Mathurin  Name of Person  Firm/Company  1801 NE 122d St 5t2 314  Address  North Miami FL 33 191  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Cardon Mathurin  Name of Person  at 786 283540  Daytime Telephone Number  Einclosed is a check for the following amount:  VS25.00 Filing Fee S30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status			
The enclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.	
Please return all correspond	dence concerning this matter	r to the following:	
Division of Corporations  SUBJECT: 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:  Condon Mathum  Name of Person  Firm/Company  [BCI ME 122 d St 5te 314  Address  North Mian FL 33 181  City/Mate and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Condon Mathum  Name of Person  at TBU DB 3540  Daytime Telephone Number  Enclosed is a check for the following amount:  VS25.00 Filing Fee Servicing Copy  Leadilional copy is enclosed)  Certificate of Status  Certified Copy  Leadilional copy is enclosed)			
		Firm/Company	
	1801 NE	123 Rd St Ste :	314
	North mia	City/State and Zip Code	
	E-mail address: (	(to be used for future annual report notif	(ication)
For further information con	cerning this matter, please c	all:	
Gordon Mat	hurin	at (786) 288	3540
Name of P	erson	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

. . . . .

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K 3 G	Propertie			
(Name of the Limi	(A Florida Limited L	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited L		were filed on $\underline{Jun}$	13th Jr	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the		ty Company." the designatio	n "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applied	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
				ن جن
Enter new mailing address, if applicable:				2007
(Mailing address MAY BE A POST OFFICE	BOX)			72
				mi E
				<u>چ</u> ج
B. If amending the registered agent and/or agent and/or the new registered office addressed of the addressed		ddress on our records,	enter the nan	ne of the new registered
agent and/or the new registered office addre	ss nere:			••
Name of New Registered Agent:				
New Registered Office Address:	1801 N	E 123 R d St Enter Floridu stree		14
	noveth 1	hiami	, Florida	33   8
		{ <i>tI</i> \(\text{t}\)		/ in Coyle

### 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 ameading 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
			\ \ \ \ \ \ \_
			□Remove
			□Change
			□Add
			□Remove
		<del> </del>	□Change
			©Remove
			—————————————————————————————————————
			DAdd
			Remove
			□Change
			□Add
			□Change
	<del></del>		□Add
			□ Remove
			□ Chanve

We		informati ulc	on, enter 1; ke							Person	
<del></del>		· · · · · · · · · · · · · · · · · · ·	,r_:	_		$\searrow$				FEVSO 1	Σ( <b>?</b>
1		addr		,			Minc	1.1			
~		nat					` .				_
* neu	o ad	dres	<u> 5 ;</u>	1801	NE	123	rd s	reet	STE	314	_
No	Ah r	nkim	FL	- 33	181		_				
	•										
n12	addres		1202		145	th	stree	+ N	16.04	in FL	
	3161	<u></u>	(0 0		1 ()	•	<u> </u>	<u> </u>	CIDEO	1 1	_
	3181									—- دے	_
										282	,
			<u> </u>								
<u>-</u>							_			(A) 10 C	_
										ισι, <u>3</u> Ισ,	FR 101 53
				<del></del>				<u></u>		03.1	<del>ار</del> ال
											_
<del></del>											_
										<u>.</u>	_
fective date an effective da ote: If the document's ef	ite is listed, th late inserted	he date must l I in this bloc	be specific æ ck does not	nd cannot b meet the	e prior to dà applicable	te of filing	or more than	90 days afte	<b>ional)</b> er filing.) is date v	Pursuant to 6 vill not be li	05.020 sted a
record specif is filed.	ies a delaye	ed effective	date, but no	ot an effec	tive time.	at 12:01 a	.m. on the	earlier of: (	b) The	90th day at	ter the
ated				- ·	M	$\mathcal{N}$					
			innoting of	a member t			6	mhar			
		_	ignature or	a memeery	n authorized	l represent	anve of a me	moer			