

# L210000063167

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

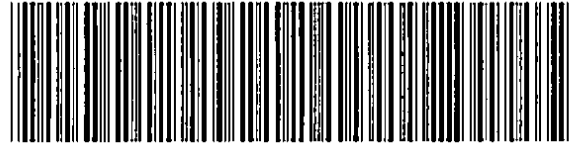
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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# COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: INVESTMENTS KLD 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:

KATHERIM ROMERO

Name of Person

Firm/Company

1626 COUNTRY LAKES DR APT 204

Address

NAPERVILLE IL 60563

City/State and Zip Code

katherimromero@gmail.com

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

For further information concerning this matter, please call:

Katherim Romero at (941) 9600097  
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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INVESTMENTS KLD 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 Febrero 05, 2021 and assigned  
Florida document number L 21000063167.

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:**

255 S ORANGE AVENUE Suite 104

**Principal office address MUST BE A STREET ADDRESS)**

ORLANDO FL 32801

**Enter new mailing address, if applicable:**

255 S ORANGE AVENUE Suite 104

**Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO FL 32801

**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:

KATHERIM ROMERO

New Registered Office Address:

255 S ORANGE AVENUE Suite 104

*Enter Florida street address*

ORLANDO

Florida

32801

*City*

*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

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>
MGRM	LOT EDINSON SUAREZ	4117 FORRESTAL PL	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KATHERIM B ROMERO SANCHEZ	15370 ARCADIA BLUFF LOOP	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	REYNA ROSALES ARAISA	1244 KINGS CROSS APT 201	<input checked="" type="checkbox"/> Add
		WEST CHICAGO IL, 60185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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COUNTY OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA  
CLERK'S OFFICE  
200 N. W. 10TH AVENUE, 10TH FLOOR  
MIAMI, FL 33136  
TEL: 305-375-2000  
FAX: 305-375-2001  
WWW.CLERK.COURT.CLERK.FL

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

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FILED

F. 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 NOVIEMBRE 13 2023

\_\_\_\_\_  
Signature of a member or authorized representative of a member

LOT SUÁREZ

\_\_\_\_\_  
Typed or printed name of signee