

L21000070656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

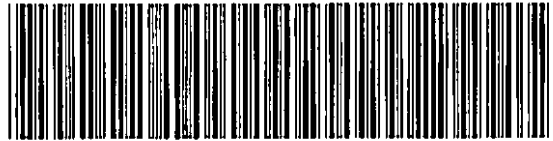
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FILED
CLERK OF DISTRICT COURT
21 MAR 29 PM 2:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kim Matthews 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:

Kim Grampa Matthews
Name of Person

Kim Matthews LLC
Firm/Company

3290 SW 131 Terrace
Address

Davie, FL 33330
City/State and Zip Code

Kim Matthews PA@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Grampa Matthews 954 444-7141
Name of Person at 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATE
21 MAR 29 PM 2:4

Kim Matthews 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 2/10/21 and assigned
Florida document number L21000070656

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:

Kim Grampa Matthews

New Registered Office Address:

3290 SW 131 Terrace

Enter Florida street address

Davie

City

Florida

FL 33311

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.

Kim Grampa Matthews
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

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATION

21 MAR 29 PM 2:43

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kim Matthews	3290 SW 131 Terrace	<input type="checkbox"/> Add
		Davie, FL 33330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kim Grampa Matthews	3290 SW 131 Terrace	<input checked="" type="checkbox"/> Add
		Davie, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 MAR 29 PM 2:43

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 March 26 2021


Signature of a member or authorized representative of a member

Kim Grampa Matthews

Typed or printed name of signee

Filing Fee: \$25.00