## 1-210000187789

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SECRETARY OF STATE

TALL AHASSEE FINALE

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co					
SUBJECT:	KH INVESTMEN	TS AND SERVICES LLC			
30b/gC1.	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		Katy M Gomes Dos Santos			
		Name of Person			
	KH INVE	STMENTS AND SERVICES LLC	:		
	<u> </u>	Firm/Company			
		7500 NW 25TH ST STE 237			
		Address	<del></del>		
		DORAL, FL 33122			
	City/State and Zip Code				
	info@jcbsolutionsinc.net  E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please c	·	frication)		
Katy M (	Gomes Dos Santos	786 4612504			
Name	of Person		ne 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 Addre Registration Division of (	Section Corporations	Street Address: Registration Se Division of Co	rporations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

KH INVESTMENTS A	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number L21000087789	were filed on 03/02/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili"	ty 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)	
	~2
	2 ,
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
	The state of the s
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent;	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605. F.S. Or, if this document is

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

Title	Name	Address	Type of Action
MGR	Katty M Gomes Dos Santos	7500 NW 25th St Ste 237	
		Doral, Fl 33122.	_
			□Change
MGR Katy M Go	Katy M Gomes Dos Santos	7500 NW 25th St Ste 237	
		Doral, Fl 33122.	□Remove
			□Change
			□Remove
			Change
		<del></del>	□ Add
			□Remove
			□Change
			Remove
			⊡Add
	·		

	nation, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<u></u> -	
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the I	the date of filing:
he record specifies a delayed effecti ord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 12th	2021
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00