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CHRICT.	KLDM Ca	pital LLC		
SUBJECT.	·	Name of Lin	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Patricia Dagata		
			Name of Person	1 - 1 - 1 - 1
		KLDM Capital LLC		
			Firm/Company	
		961 Bolender Drive		
			Address	
		Delray Beach, FL 33483		
			City/State and Zip Code	
		t.dagata@comcast.net		
			to be used for future annual report no	otification)
For further i	information c	concerning this matter, please c	all:	
Patricia Da	gata		561 212-6325 at ()	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	he 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)
Re	ailing Addres	Section	Street Address: Registration S	
	vision of C O. Box 632	Corporations 27	Division of Co The Centre of	
	llahassee. I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KLDM Capital LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>.s.</u> 1
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000093446</u> .	were filed on Feb 25th, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	7.17.1
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	, Flo	orida
New Registered Agent's Signature, if changing Registered Agent:	,	z.ιρ Coae
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	- ree to act in this capacity. I fu performance of my duties, ar provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
MGR	Kristen Dagata	961 Bolender Drive Delray Beach, FL 33483	= Add
			□Remove
			□Change
		 	🗆 Add
			Remove
			⊡Change _i ⊡Ådd
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the Do	t be specific and cannot be prior to date of ock does not meet the applicable stat		ing.) Pursuant to 605.0201
he record specifies a delayed effectivord is filed.	e date, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2021		
Patain	Signature of a member of authorized rep	resentative of a member	
0.	. 0 /		

Filing Fee: \$25.00