## 121000103504

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1/12/20

## COVER LETTER

TO: Registration So Division of Co			
	DERS LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS DE LA CRUZ		
	<del>v=</del>	Name of Person	<del></del>
	K&C TRADERS LLC		
		Firm/Company	
	131 BURGUNDY C 131		
		Address	
	DELRAY BEACH	FL 33484	
		City/State and Zip Code	
	rafpint@gmail.com		
		to be used for future annual report notification	)
For further information of	concerning this matter, please of	rall:	
LUIS DE LA CRUZ		954 6109559 at ( )	
Name o	of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Section	
Registration Division of O		Division of Corporati	ions
P.O. Box 632	=	The Centre of Tallaha	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&C TRADERS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000103504	were filed on 03/03/2021 and assign	ıed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C	<del></del>
Enter new principal offices address, if applicable:	131 BURGUNDY C 131	
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH, FL 33484	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	7.	
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 r	<u>egist</u>
	· · · · · · · · · · · · · · · · · · ·	•
Name of New Registered Agent:	<u> </u>	
New Posicrored Office Addresses	2	
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 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 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	KUGLER, ELIAS A		🗖 Add
			□Remove
		20225 NE 34 CT, AVENTURA, FL 33180	Change
			□Add
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Effect	ive date, if other than the date of filing: (optional)
lf an ef	lective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	d 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
rd is fi	led.
	04/26/2021
Dated	04/26/2021
	LUIS DE CA CRUZ
	2013 12 44 0000
	Signature of a member or authorized representative of a member