

121000109834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

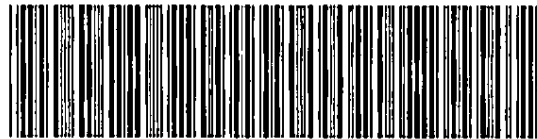
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV - 1 AM 7:58
STATE

A. BUTLER
NOV 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENDALL LAKES RENTAL 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:

NOELIA M RAMOS ESQ.
Name of Person
LAW OFFICES OF NOELIA M RAMOS
Firm/Company
PO BOX 227158
Address
MIAMI FL 33222
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOELIA M RAMOS at (786) 300-8117
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

KENDALL LAKES RENTAL LLC

2021 NOV -1 AM 7:58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

OFFICE OF STATE
RECORDS & HISTORY
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on MARCH 16, 2021 and assigned Florida document number L21000109834.

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:

NOELIA M RAMOS ESQ.

New Registered Office Address:

3105 NW 107TH AVE STE 506A

Enter Florida street address

DORAL

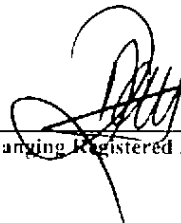
City

Florida 33172

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>
MGR ✓	GUILLERMO CALDERON	6205 SW KENDALL LAKES CIR APT F186	<input type="checkbox"/> Add
		MIAMI FL 33183	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DOUGLAS JIMENEZ	6205 SW KENDALL LAKES CIR APT F186	<input checked="" type="checkbox"/> Add
		MIAMI FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSEPH ABEA DE JIMENEZ	6205 SW KENDALL LAKES CIR APT F186	<input checked="" type="checkbox"/> Add
		MIAMI FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

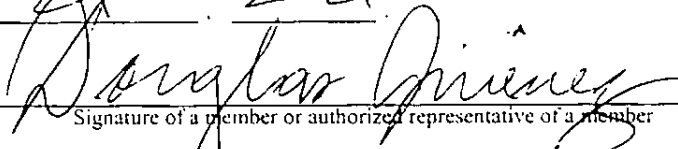
E. Effective date, if other than the date of filing: _____ (optional)

(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 10 / 27 2021



Signature of a member or authorized representative of a member

Douglas Jimenez

Typed or printed name of signee