## 121000119367

(Reques	tor's Name)	
(Address	5)	
/A.ld		
(Address	5)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busines	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only

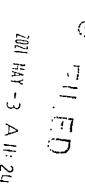


000364770570

RECEIVED

MAY 0 3 2021

05/04/21--01031--011 \*\*25.00





## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Kiddish Keith	Ent CCC mited Liability Company
The analysis Amiller of Amiller o	
The enclosed Articles of Amendment and fee(s) are su	•
Please return all correspondence concerning this matte	er to the following:
markei	HA A. Baez Name of Person
Kiddish	Keith Ent, LCC Pirm/Company
11521 sh	). 52 29 St Address
Cooper Cit	Gity/State and Zip Code  B & ICloud. Com  (to be used for future annual report notification)
markeith. E-mail address:	B & Icloud. Com (to be used for future annual report notification)
For further information concerning this matter, please	call:
Markeith A. Bgez	at (355) 240-3833 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution See Sertificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certified Copy  Certified Copy  Tadditional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kiddish Keith Er  (Name of the Limited Liability Compar (A Florida Limited L.)	ty as it how appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L 2100011936}{}$	were filed on 03-12-2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del> -
(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 as agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	
	Enter Florida street address
	Florida Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code (7)
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as properties to merely reflect a change in the registered office a company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Markeith, A. Bgez	11521 Sw. 522d 54	<b>_</b> ∕ <b>⊈</b> Add
•		Cooper City FL 33330	□Remove
			□Change
			🗆 Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			Z □Remove
			Remove
	<u> </u>	<del>_</del>	≥ □Add : : : : : : : : : : : : : : : : : :
			P. □Remove
			□Change

1 20 th			_
<del></del>	<del></del>		_
<del></del>			
		· · · · · · · · · · · · · · · · · · ·	_
	<del></del>	<del></del>	_
·	<u> </u>		_
			_
<del></del>			_
<del></del>	<del></del>		_
T			_
<del></del>			-
		-	_
			-
			_
	<del></del>		-
			_
ective date, if other than the date o	of filing:	(optional)	
effective date is listed, the date must be spece:  If the date inserted in this block doc	cific and cannot be prior to date of filing o es not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 60 illing requirements, this date will not be lis	5.020 ted a
ument's effective date on the Departme	ent of State's records.		C.
		2021	
ord specifies a delayed effective date.	but not an effective time, at 12:01 a.	m, on the earlier of: (b) . The 90 Higday after	a <u>r t</u> he
filed.			- ***
ed April 28	2021	> · ·	1
d April 28	9001	= 1	J
	5	11: 24	
Signatu	ire of a member or authorized representat		