# L2100121581

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	
	J. HORNE MAR 17 2	323







## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samautha N Freumayon.
SNFC, LLC
1000 Brickell Ale, Ste 715
Manit FL 33131
Kps Services 305e amount Communication (in be used for future annual report notification)
For further information concerning this matter, please call:
Samantha Frennayor 21, 786, 614-4767
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 1 0 0 0 1 2 1 5 8 7</u>	were filed on and assigned
A. If amending name, enter the new name of the limited liab  KPS SERVICES	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	bol Brickell Rey Drive Suite 700 Miami, +L 33131
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	601 Brickell Key Drive Suite 700 Miami, FL 33131
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address

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.

City

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
yge	Samastha N Frannayor	601 Brichel Key DR 6TC 700 Mianin FL 33131	□Add
0	Frennayor	5Te 700	□Remove
		Miani FL 33131	<b>A</b> Change
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an effec ote: Ti	e date, if other than the date of filing: 01/09/2023 (optional) tive 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
record is file	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 d.
ated _	January 8th 2023
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memory
	Samatha Nicole Frennayol.  Typed or printed name of signee

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