## L21000 155698

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## **COVER LETTER**

	Registration Secti Division of Corpo				
SUBJEC	T:K	N Trocking of Name of Lim	8 ASSO CONTRACTOR STATE OF THE	ی الڈ	
The enclo	osed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspond	lence concerning this matter	to the following:		
		Kanin	Name of Person	morto	
		KN TO	Einn/Company	;siociate	- LLC
		12266 Med	Address		
		Orlando,	FL 3283 City/State and Zip Cod	<b>7</b>	<del></del>
			d'insassoc to be used for future annu		<u> </u>
For furth	er information con	cerning this matter, please co	all:		
Kan	Name of P	Javarro	at (321) Area Code)	961 - 28° Daytime Telepho	23 one Number
Enclosed	is a check for the	following amount:			
<b>₺</b> \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is c		\$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

(Name of the Limited Liability Compan	Associates, LLC	
(A Florida Limited L.	ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04 05 20	21 and assigned
Florida document number <u>L 219</u> 00 15569B	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company." the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the nam	e of the new registere
agent and/or the new registered office address here:		_
Name of New Registered Agent:		272
New Registered Office Address:		<u> </u>
New Registered Office Address.	Enter Florida street address	9
<del></del>	, Florida	1
New Registered Agent's Signature, if changing Registered Agent:	Chy	Zip Code
I hereby accept the appointment as registered agent and agre	e to act in this canacity. I further aa	ee to comply with the
provisions of all statutes relative to the proper and complete p		

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>	Address	Type of Action
President	Karine C. Navarro	12266 Medan St. Oslands A	E GAdd
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Note:	ive date, if other than the date of filing:  OS 15 21 (optional)  feetive 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 in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the feetive date on the Department of State's records.
f the recor	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 led.
Date	May 11th, 2021
Dated	111111111111111111111111111111111111111