# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

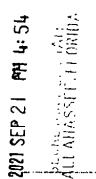
From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  | _ |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KINI LEGACY LLC



| Certificate of Status | 0       |
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| Estimated Charge      | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KINI LEGACY LLC   |  |                    |
|---|--|--------------------|
| (Name of the Limited Liability Company as it now (A Florida Limited Liability Com     | appears on our records.)                               |                    |
| The Articles of Organization for this Limited Liability Company were filed            | on 04/07/2021 and assigned                             |                    |
| Florida document number L21000169360  |  |                    |
| This amendment is submitted to amend the following:                                   |  |                    |
| A. If amending name, enter the new name of the limited liability compa                | any here:  |                    |
| 10FILEGACY LLC  |  |                    |
| 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)                                   |  | _                  |
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|   | ر<br>الروان <b>م</b>                                   | -<br>              |
| Enter new mailing address, if applicable:   |  | <u>ر</u> زر<br>ارز |
| (Mailing address MAY BE A POST OFFICE BOX)  | <u> </u>   | <del>,</del>       |
| <u> </u>  |  | S                  |
|   |  | , <del>[</del> ]   |
| B. If amending the registered agent and/or registered office address on               | our records, enter the name of the new regis           | te                 |
| agent and/or the new registered office address here:                                  |  |                    |
|   |  |                    |
| Name of New Registered Agent:   |  |                    |
| New Registered Office Address:  |  |                    |
| B   | nter Florida street oddress                            |                    |
|   | , 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 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 adde or removed from our records:

| MGR = M $AMBR = A$ | lanager<br>uthorized Member |         |  |
|--------------------|-----------------------------|---------|--|
| <u>Title</u>       | Name                        | Address | Type of Action   |
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JENNY ESPINOZA

|   |                           | <del></del>              |                              |                           |
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| ective date if other than the de  | ate of filing:            |                          | (optiona                     | וו                        |
| ective date, if other than the de<br>effective date is listed, the date must b<br>eg. If the date inserted in this block<br>ument's effective date on the Dep | k does not meet the app   | olicable statutory filin | ore than 90 days after filir | ng.) Prostiant to 605.020 |
| cord specifies a delayed effective of filed.  | date, but not an effectiv | e time, at 12:01 a.m.    | on the earlier of: (b)       | The 90th day after the    |
| SEPTEMBER 16  | 20                        |                          |                              |                           |
| ed  |                           | <u> </u>                 |                              |                           |

Typed or printed name of signee