K21000182946

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COVER LETTER

TO:

	sistration Se ision of Cor		•	
SUBJECT:	KS DADE.	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		REINALDO D HERNANI	DEZ	
			Name of Person	
			Firm/Company	
		8321 NW 143 STREET		
			Address	
		MIAMI LAKES, FL 33010	5	
		RDH0714@GMAIL.COM	City/State and Zip Code	
For further is	nformation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report n all:	otification)
REINALDO	D HERNAI	NDEZ.	786 223-0404	
	Name of	Person	Area Code Dayı	ime Telephone Number
Enclosed is	check for th	e following amount:		
≤ \$25.00 s	filing Fee	S30.00 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:			Street Address: Registration S	Section
Registration Section Division of Corporations			Division of C	
P.C). Box 632	7	The Centre of	Tallahassee
Tal	llahassee, F	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KS DADE, LLC

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L21000182946	pany were filed on APRIL 20, 2021	and assigned
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 al-	obreviation "L.L.C."
Enter new principal offices address, if applicable:		202)
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	<u> </u>
		. P
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		Si Si
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter the nam</u>	ne of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent	City	Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this capacity. I further ag plete performance of my duties, and I am j t as provided for in Chapter 605, F.S. Or,	familiar with and 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
MGR	ALINA M HERNANDEZ	8321 NW 143 STREET, MIAMI LAKES, FL 33016	= Add
			□Remove
			🗆 Change
MGR	REINALDO M HERNANDEZ	8321 NW 143 STREET, MIAMI LAKES, FL 33016	🗆 Add
		· · · · · · · · · · · · · · · · · · ·	=Remove
			🗆 Change
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filed.		ca checuve date	e, out not	an cricetive t	anne, at 1 & c	or a.m. on u	ic carrier or.	(0) 1116 700	i day arrer ti
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					<i>[]</i>	-			
						11/71	<u>)</u> -member		

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