

L21000312729

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

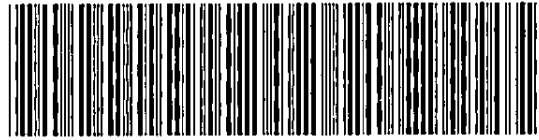
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Receive Correction  
4/27/23 through  
email AB

Office Use Only



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02/01/23--01010--005 \*\*30.00

2023 APR 27 PM 4:13

A P O F I L E

APR 27 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Luxury concierge nursing LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kendria A Walker

\_\_\_\_\_  
Name of Person

Luxury concierge nursing LLC

\_\_\_\_\_  
Firm/Company

541 SW 27th Terrace

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33312

\_\_\_\_\_  
City/State and Zip Code

Info@kwsolutionsllc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kendria A Walker

954

600-4794

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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:**

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

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2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2023 APR 27 PM 4:21

Luxury concierge nursing LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/08/2021 and assigned  
Florida document number L21000312729.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KW universal Solutions 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)**

2114 N Flamingo Rd # 2352

Pembroke Pines, FL 33028

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2114 N Flamingo Rd #2352

Pembroke Pines, FL 33028

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Kendria A Walker

New Registered Office Address:

2114 N Flamingo Rd #2352

*Enter Florida street address*

Pembroke Pines, FL

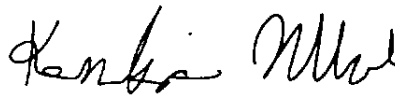
*City*

Florida 33028

*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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kendria A Walker	2114 N Flamingo Rd # 2352 Pembroke Pines, Fl 3302	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ms	Kendria Alexis Walker		<input type="checkbox"/> Add
		541 sw 27th terrace Fort Lauderdale fl 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2023

KENDRIA A WALKER  
541 SW 27TH TERRACE  
FORT LAUDERDALE, FL 33312 US

SUBJECT: LUXURY CONCIERGE NURSING LLC  
Ref. Number: L21000312729

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000407563.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams  
REGULATORY SPECIALIST II

Letter Number: 723A00007646