## L21000313685

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(Address)
(Address)
(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
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Tallahassee, FL 32314

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eup ir		SERVICES LLC	•	·		
SŨBJEG		Name of Lim	ited Liability Company	<del>-</del> -		
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		ZURI FULLER				
			Name of Person			
		KZ ELITE SERVICES LL	.C			
		<del></del>	Firm/Company			
		18721 NE 3RD CT #318				
			Address			
		MIAMI, FL 33179				
			City/State and Zip Code			
		KZELITESERVICES@GM		<del></del>		
5 6 4			to be used for future annual report noti	rication)		
ror turth	ier information c	oncerning this matter, please c	all:			
ZURI FULLER		954 305-6445 at ( )				
	Name o	f Person	Area Code Daytim	c Telephone Number		
Enclosed	l is a check for the	he following amount:				
□ \$25.	00 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 Addres		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
	P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KZ ELITE SERVICESS LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L21000313685	pany were filed on JULY 8, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
KAZ ELITE SERVICES 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 ADDRES	(S)	
		20
		72 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		33. 9
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B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the na	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ZURI FULLER	18721 NE 3RD CT #318 MIAMI, FL 33179	□Add
			□Remove
			<b>=</b> Change
MGR	KAREEM FULLER	18721 NE 3RD CT #318 MIAMI, FL 33179	□Add
		<del></del>	■Remove
			□Change
			Remove 2022 Change
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fective date, if other to no effective date is listed, the ote:  If the date inserted cument's effective date	date must be specific in this block does n	and cannot be prior to ot meet the applicat	date of filing or more	than 90 days after fi	ling.) Pursuant to 60	15.020 sted a
ecord specifies a delayed is filed.	l effective date, but	not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day aft	er the
ted	6)10	. 2022	-·			
	July					