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(Requestor's Name)
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(Business Entity Name)
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SECRETARY OF STATE

COVER LETTER

TO: · Registration Section

Div	ision of Corp	porations			
	Kinross Ent	erprise LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	d Articles of a	Amendment and fee(s) are subi	nitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Michael Merino			
			277		
			Name of Person		
		Michael Merino P.A.			
			Firm/Company		
		6741 Orange Dr			
			Address		
		Davie, FL 33314			
		,	City/State and Zip Code		
		mmerino@merinolegal.com			
		E-mail address: (to be used for future annual report no	otification)	
For further i	nformation c	oncerning this matter, please ca	all:		
Michael Me	rino		954 321-7701 at ()		
	Name o	f Person	Area Code Dayti	ime Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
	O. Box 632	=	The Centre of	Tallahassee	
	illahassee,		2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ty Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
ompany were filed on <u>07/26/2021</u>	
ited liability company here:	
ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
<u>RESS)</u>	
	2022 NOV -1 PH 12: SECRETIVAL OF STALLAHASSEE.
d office address on our records, <u>ente</u> r	r the name of the new registered
Enter Florida street addre	*SSS
, F	lorida
City	Zip Code
i :	ted liability company here: ted Liability Company." the designation "LLO ESS) Enter Florida street address. Finer Florida street address. Finer Florida street address.

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Michael Merino		□Add
		6741 Orange Dr Davie, FL 33314	■Remove
			[]Change
			[]Add
			☐ Change
			□Add
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ective date, if	other than the da	te of filing:	name de prince t	s data of tiling a	more than 90	(optional) v) Pursuant to 605.1
te: If the date i	nserted in this block	adoes not med	et the applica	ble statutory fi	ing requiren	ents, this dat	e will not be lister
cument's effecti	ve date on the Depa	rtment of Sta	te's records.				
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