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(Requestor's Name)
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## **COVER LETTER**

**Registration Section** 

TO:

Division of Corp	orations		
· · · · · · · · · · · · · · · · · · ·	COMPANY LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	RICK MORENO		
		Name of Person	
	SEA GROVE REALTY		
		Firm/Company	~
	2600 DOUGLAS ROAD, S	SUITE 304	<b>22</b> AUG 26
		Address	626
	CORAL GABLES, FL 331	34	
		City/State and Zip Code	PH 3: 50
	RMORENO@SEAGROVE	.COM to be used for future annual report notification)	50
For further information of	oncerning this matter, please co		
RICK MORENO		305 726-8580 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing ☐  Certified Copy (additional copy is enclosed)	Status & y
Mailing Address Registration Solution of Control P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KKM AND COMPANY				
(Name of the Limited Liabili (A Florida	ty Company as It now appear a Limited Liability Company)	s on our records.)		
he Articles of Organization for this Limited Liability Clorida document number	Company were filed on $\frac{0}{2}$ .	9/07/2021	_ and assi	gned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the lim	ited liability company he	ere:		
KKM & COMPANY LLC				
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the d	esignation "LLC" or the abbr	eviation "L.I	C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDI	RESS)			
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			AUG	<u>.</u>
			2	\$5-
nter new mailing address, if applicable:	<del></del>			<del></del>
failing address MAY BE A POST OFFICE BOX		<del></del>	<del></del>	<u> </u>
	<u> </u>		ယ္	151 (r 151 (r 151 (r
			50	Ē
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our ro	ecords, <u>enter the name</u>	of the new	register
Name of New Registered Agent:			<del></del>	
New Registered Office Address:	p cl		<u> </u>	
	Enter Flor	ida street address		
	<del></del>	, 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 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>	Name	Address	Type of Action
<u></u>			□Add
			□ Remove
			□Change
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fective date, if other than the date of effective date is listed, the date must bote: If the date inserted in this blocked on the Department's effective date on the Department.	k does not meet the a	pplicable statutory	or more than 90 day filing requirement	(optional) s after filing.) Pursua ts, this date will no	nt to 605.02 t be listed
ecord specifies a delayed effective of is filed.	late, but not an effect	tive time, at 12:01 a	i.m. on the earlier	of: (b) The 90th	day after ti
August 22	. 2022				

Filing Fee: \$25.00