

L21000421635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

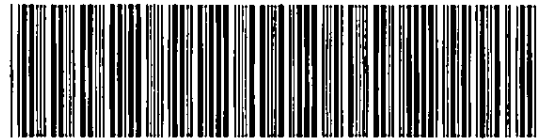
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/21--01010--016 **25.00

10/13/2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KZI MANAGEMENT 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:

NALIN BHATT

Name of Person

Firm/Company

29574 HAZEL GLEN RD

Address

MURRIETA, CA 9563

City/State and Zip Code

ADMIN@ACCUACCT.COM

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

For further information concerning this matter, please call:

NALIN BHATT

951 234-5175 X 3
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

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

KZI MANAGEMENT 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 09/24/2021 and assigned
Florida document number L21000421635.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

38154 PADARO ST

MURRIETA, CA 92563

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:

MARIO C INIGUEZ FLORES

New Registered Office Address:

7494 MARKER AVE

Enter Florida street address

KISSIMMEE

Florida

34747

City

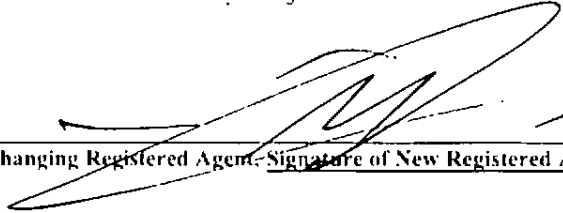
Zip Code

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

2021 OCT - 6 PM 4:49
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE


10/1/21

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	MARIO C FLORES	38154 PADARO ST	<input type="checkbox"/> Add
		MURRIETA, CA 92563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIO C INIGUEZ FLORES	38154 PADARO ST	<input checked="" type="checkbox"/> Add
		MURRIETA, CA 92563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FALLABASSER, FLORIDA
Filed


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SECRETARIAT OF
TALLAHASSEE, FL

2021 OCT -6 PM 4:49
TALLAHASSEE, FLORIDA
STATE DEPT OF STATE

(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.

Dated 10/1 2021


Signature of a member or authorized representative of a member

Mario C. Iniguez Flores
Typed or printed name of signee