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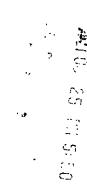
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## **COVER LETTER**

TO: Registration So Division of Cor			
SHRIFCT: KDV	1 + David Land	SCAPING LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KYCE D VANDE	Name of Person	
	KDV & Jans	Firm/Company	<u>-c</u>
	bley Mouse	Address	<u>.                                    </u>
	LAKE MARY	FL 327960 City/State and Zip Code	**************************************
	VANDEN Brank ;	216 LmA1 com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
KYLE D VANDER Name o	TPerson	at ( <u>407</u> ) <u>963-3</u> Area Code Daytime	3822 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

KDV + Sous LAND	#2160, 25 P. [ 5: 50 SCAPING LLC
(Name of the Limited Liabil (A Florid	SCAPING LLC  lity Company as it now appears on our records.) la Limited Liability Company)
	Company were filed on FPT 28, 2021 and assigned
Florida document number <u>L21000425154</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Entar now molling add and if a city to	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
lew Registered Agent's Cignotum if about a Davis	

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, name, 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
AMBR	KYLE D VANDENBRINK	664 Marenine Dove Creck	E Xadd
		LAKE MARY, FL 32746	□Remove
			□Add
			□Remove
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			□Change
			🗀 Add
			□Remove
			□Change

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<u>iote:</u> If	e date, if other than the date of filing:	207 (3 as th
record s I is filed	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	he
ated <u>C</u>	PLICIBEIZ 15  PANDER FRANCES  Signature of a member or authorized representative of a member	
	MYCE D VANDEN TOZINIC Typed or printed name of signee	