## 121000460 262

(Rec	questor's Name)	
(Add	dress)	· <del>-</del>
(Ado	dress)	<del></del>
(City	//State/Zip/Phone	e #)
_	_	
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	-
Certified Copies	Certificates	of Status
Special Instructions to F		
	ming Cineci:	
	Q. SIL	AS
	JAN ( 4	780
	•	

Office Use Only



400378135124

12/17/21--01010--011 ++25.00

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: Kd	B Clobal 7 Name of Limi	TRUC KIUC 6.0 ited Liability Company	<u>'. C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		CARPECIANI Name of Person	
	K&B Gla	Firm/Company	1.6.
	14049 FAI	Au/Ay W/W/W Address	<u> </u>
	WINTER GOR	City/State and Zip Code	4787
	CARCEGIA E-mail address: (i	VI FACO ITOTUAL to be used for future annual report	notification)
For further information co	oncerning this matter, please ca	all:	
TODALGO Name o	CAAPEGAUL	at ( <u>407</u> )3 Area Code Day	time Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address Registration	Section
Division of C P.O. Box 632	•	Division of ( The Centre of	Corporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Fiorida Ellinica E	natifity Company)		
The Articles of Organization for this Limited Liability Company	were filed on	105/2021 and assigned	
Florida document number <u>621000 480 26</u> 2			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil.	ity Company," the designat	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST_BE A STREET ADDRESS)			
	<del> </del>		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ls, enter the name of the new registe	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	reet address	
	, Florida		
	City	Zsp Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	luties, and I am familiar with and ter 605, F.S. Or, if this document is	

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
MGR	ENIKA NIMBE	7218 GREEN PING CT	<b>Æ</b> Add
·		7218, GREEN PING CT ONIANDO-FL 32819	□Remove
			Change
	····		□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
		-	□Change
			🗆 Add
		<del> </del>	□Remove
			Change
		<del></del>	🗆 Add
			□Remove
			□Change

	<del></del>
	- · · · · · · · · · · · · · · · · · · ·
(If an e	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	Manual Manual
	Signature of a member or authorized reprocentative of a member