

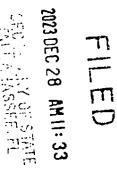
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12/28/23--01043--001 **30.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ky70 Turking LL C. 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:
Yander Rolligiel Z. Name of Person
Firm/Company
5800 Reese Rd Apt 219
Saule Flouida 33314. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yander Roduguez at (813) 475 - 1726 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

Mame of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\angle 2200044761$.	by were filed on $\frac{12/20/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	_
he new name must be distinguishable and contain the words "Limited Lia"	L. C.
The new name must be distinguishable and contain the words "Limited Lia	Л
Enter new principal offices address, if applicable:	5800 Ruse Rd Apt 219
(Principal office address MUST BE A STREET ADDRESS)	Davie FL 33314
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5800 Ruse Rd Apt 219 Davie FL 33314
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	28
	Enter Florida street address Florida City Enter Florida street address Florida City Code
	City : Z 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 = M AMBR = A	lanager .uthorized Member	NIX		
<u>Title</u>	<u>Name</u>		Address	Type of Action
				□Add
				□Remove
				□ Change
				□ Add
			□Remove	
				Change
				□Remove
				□ Change
				
			□Remove	
				Change
				□ Remove
				Change

_____ □Remove

______ Change

fan effective Note: If th	date, if other than the date of filing: 12/19/2023 (optional) reduce 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 605.02 needate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	
4.15.451.54	secifies 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	/2/20/2023 X Signature of a member or authorized representative of a member Yanden Ratiguez Typed or printed name of signee	
	Signature of a member or authorized representative of a member	