L22000056234

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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T. MATTHEWS MAR 24 2022

COVER LETTER

	gistration Sec vision of Corp			*
SUBJECT:	KD Service:	s, LLC		
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Katia De Sa		
			Name of Person	
		KD Services, LLC		
			Firm/Company	·····
		1246 S. Military Tr., #615		
			Address	
		Deerfield Beach, FL 33442	2	
		χ katialdesa@yaho	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please ca	all:	
Peter P. Lin	ndley		561 210-8604	
	Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e 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)
<u>M:</u>	ailing Addres	S:	Street Address:	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

22 F11 15 F1 2: 54

KD Services, LLC		
(Name of the Lim	ited Liability Company as it now apports. (A Florida Limited Liability Company	ears on our records.) /)
The Articles of Organization for this Limited L Florida document number <u>L22000056234</u>	Liability Company were filed on	2/2/2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	De Sa, Katia	
New Registered Office Address:	1246 S. Military Tr., #615	
		lorida street address
	Deerfield Beach	, Florida 33442
	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

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
AMBR	Desa, Katia	1246 S. Military Tr. #615	
		Deerfield Beach, FL 33442	=Remove
			Change
AMBR	De Sa, Katia	1246 S. Military Tr. #615	
		Deerfield Beach, FL 33442	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			
			Remove
			Change
			□Add
			□Remove
			□Change

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