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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

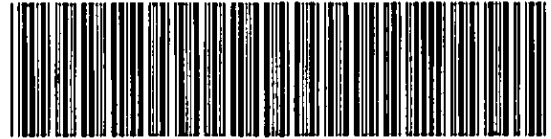
(Business Entity Name)

(Document Number)

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22 FEB 24 PM 3:12

T. MATTHEWS

MAR -4 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KDMAB ENTERPRISES 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:

KAREN E. VERGOTE-FARKAS  
Name of Person

Firm/Company

9401 BRIARCLIFF TRACE  
Address

PORT SAINT LUCIE, FL 34986  
City/State and Zip Code

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

For further information concerning this matter, please call:

KAREN E. VERGOTE-FARKAS at 561 777-6105  
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

22 FEB 1964 3:12

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
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AMBR	MICHELLE RENAUD	9401 BRIARCLIFF TERACE FORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Add
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 2, 17, 2022

2, 17, 2022  
 Karim E. Vergote-Galkas  
 Signature of a member or authorized representative of a member

KAREN E. VEKOTE - FARKAS  
Typed or printed name of signee

**Filing Fee: \$25.00**