h22000095218

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. MATTHEWSMAY 16 2022



March 30, 2022

LORENZO SANTOS 224 NORTH 14TH STREET HAINES CITY, FL 33844

SUBJECT: L.K.BROTHER CONTS LLC

Ref. Number: L22000095218

We have received your document for L.K.BROTHER CONTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 822A00007440

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO: Registration S Division of Co			RECEIVED
SUBJECT:	.K.BROTHER Name of Lim	CONTS LLC	SECALIAMO STATE TALLAMASSEE, FL
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	TALLAMAGGETA
Please return all corresp	ondence concerning this matter	to the following:	
	Loren	20 Santos Name of Person	<u> </u>
	L.H.BRO	THER CONTS LL Firm/Company	C
	224 Nor	th 14th Street	
	Haines	City, FL 3384	4
	L.H. brother	rconts @gmail.com	notification)
For further information	concerning this matter, please c		
Lorenzo	Santos of Person	at (1) Area Code Day	' (407)690 -0487 rtime 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27		Section Corporations of Tallahassee proe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION FILE BOUNDS OF STATE DIVISION OF CORPORATIONS

L. W. BROTHER	3 CONTS LLC2	
(Name of the Limited Liabit (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L2200095218</u>	Company were filed on50	unbiz org and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recor	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	reet address
	Ch.	Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

OLIVISION OF COMPORATIONS MGR = Manager AMBR = Authorized Member 22 HAY 10 PH 3: 23 Type of Action Title <u>Name</u> **Address** 224 Worth 14th Street AMBR Ronald Herrera Haines city, FL 33844 DRemove ____ Change □Add □Remove _____ □Change ____ 🗆 🗖 Add □Remove □∧dd □Remove _____ □ Change □Add ____ □Change _____ □Remove

D. (1 all)	ending any other information, enter change(s) here: (Attach additional shears) (Fredessary) OIVISION OF CORPORATIONS
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(If an eff Note:	ive date, if other than the date of filing: 04/25/2022 (optional) ective 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 605.0207 (3)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	Simular of Single And Subject of
	Signature of a member of authorized representative of a member Lorezo Santos Typed or printed name of signee

State of Florida Department of State

I certify from the records of this office that L.K.BROTHER CONTS LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on February 21, 2022, effective February 21, 2022.

The document number of this company is L22000095218.

I further certify that said company has paid all fees due this office through December 31, 2022, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 220308155305-100382231771#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighth day of March, 2022