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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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My

## **COVER LETTER**

Registration Section

TO:

Division of Corp	orations		
SUBJECT:	KINZA FLORIS	A LLC ted Liability Company	
	unendment and fee(s) are subt		
Please return all correspor	dence concerning this matter t	to the following:	
	Dan	Name of Person	
	Law Of	Firm/Company	
	San tiva	itted for filing.  The following:	
	Pomiel e T	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
Daniel Lew Name of	Person	at ( <u>386</u> ) <u>737 -</u> Area Code Daytime	5408 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
P.O. Box 632 Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	( y as it now appears on our records, ability Company)	)
The Articles of Organization for this Limited Liability Company v	vere filed on MACLA 10, 2	and assigned
Florida document number <u>L 77 000 121706</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "ULC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		• <u></u>
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here.		
Name of New Posistonyl Agent:		
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	•
		<u>.</u> ,
	, Flor	rida 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMRR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
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effectiv t <u>e:</u> If t	re date is l ne date in	listed, the c nscrted in	date must b this bloci	ate of filing e specific and k does not m artment of S	cannot be pricet the app	dicable	te of tilin statutory	g or more thar thling requi	(option 90 days after firements, this	n <b>al)</b> iling.) Pursuant i date will not b	to 605.0 e listeģ
cord sp i filed.	ecifies a	delayed e	effective d	ate, but not	an effective	e time, a	at 12:01	a.m. on the e	earlier of: (b)	The 90th day	after t
ed <b>_{</b>	12/	104			702	4					

Filing Fee: \$25.00