

L22000229082

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

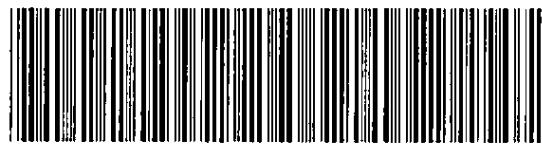
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OCT 23 2023



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OCT 10 2023
CLERK'S OFFICE
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FOR THE STATE OF ILLINOIS
AT THE COUNTY OF ST. CLAIR

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: _____
The K Plan 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:

Maria Angelica Herman

Name of Person

The K Plan LLC

Firm/Company

3020 NE 32nd Ave Apt 704

Address

Fort Lauderdale, 33308

City/State and Zip Code

the.k.plan.llc@gmail.com

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

For further information concerning this matter, please call:

Maria Angelica Herman

at (954) 3265044

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327, TALLAHASSEE, FL, 32314

REGISTRATION SECTION

FLORIDA DEPARTMENT OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The K Plan LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 16, 2022 and assigned Florida document number L22000229082.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3020 NE 32nd Ave Apt. 704

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale

33308

Enter new mailing address, if applicable:

18117 Biscayne Blvd #1237

(Mailing address MAY BE A POST OFFICE BOX)

Miami

33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

REGISTERED AGENTS INC

New Registered Office Address:

3030 N. ROCKY POINT DRIVE, STE 150A

Enter Florida street address

TAMPA

City

, Florida

33607

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.

Bell Hause

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

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.

If the record 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 record is filed.

Dated October 6th 2023

Signature of a member or authorized representative of a member

Maria Angelica Herman

Typed or printed name of signee