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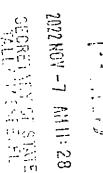
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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11/07/22--01020--003 **25.00



COVER LETTER

TO: Registration Section
Division of Corporations

KIT People LLC

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Stanley Brouard			
		Name of Person			
		KIT People LLC			
Firm/Company					
2535 Warren St.				<u>ડ</u>	26
Address					22 N
	W	est Melbourne, FL 32904			- Å0
		City/State and Zip Code Stan@KITpeople.US			<u>ال</u>
		to be used for future annual r	eport notification)		2022 NOV - 7 AM II: 2
For further information c	oncerning this matter, please c	all:		ירו ירו	8
Stanley B		407	724-5897		
Name o	f Person	at () Area Code	Daytime Telepho	one Number	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee Certificate of St Certified Copy (additional copy is c	atus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIT Po	cople LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appear ed Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	06/21/2022	and assigned
lorida document number			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company he	ere:	
The new name must be distinguishable and contain the words "Limited Li	ability Company " the d	esignation "LLC" or the ab	breviation "LLC"
<u> </u>	aomy company, me a	esignation LEC of the no	DICTION E.E.C.
Inter new principal offices address, if applicable:			
<u> Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>		2
		7	722
		; r	000
		2.5	
Inter new mailing address, if applicable:			7 -
•		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)			
			128
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our r	ecords, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	nda street address	
		. Florida	
	City	, I IUI IUA	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STANLEY BROUARD	2535 WARREN ST. W. MELBOURNE, FL 32904	
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			□Remove
			□Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable st ocument's effective date on the Department of State's records.	(optional) c of filing or more than 90 days after filing.) Pursuant to 605.0 tatutory filing requirements, this date will not be listed	020 da
record specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b) The 90th day after	the
November 2nd. 2022		
ated		
Signature of a member or authorized in	rouard	
Signature of a member or authorized i	representative of a member	

Filing Fee: \$25.00