## L2200288632

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(Address)		
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## **COVER LETTER**

Division of Cor			
SUBJECT: K	Name of Limit	Lina DEVE lopms ted Liability Company	at LLC.
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter (	to the following:	
	Christia	Name of Person	
	K&c exc	avation deve	elopment LLC
	255 nw 2154	-St APt 3	<u> </u>
	miami -	City/State and Zip Code	
	Ricardo Chris	obe used for future annual report noti	fication)
For further information c	oncerning this matter, please co	ill;	
Christian Name o	Ricardo	at (305) 496 - Area Code Daytim	5919 Telephone Number
Enclosed is a check for the	/ -		
□ \$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)
<u>Mailing Addres</u> Registration ! Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	Fallahassee
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on June 27, 2022 and assigned Florida document number 122000 28162 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMPAR	Mistian Ricorda	255 NW 21st #301 Miami, FC 33127	□Add
		Miami ,FC 33127	
			tZChange
MGR Kristian Rico	Kristian Ricordo	14158 NW 17th AUE Opa MKa, FC 33054	□Add
		Opa mka, F(, 3305)	□Remove
			☑ Change
			🗆 Add
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Note:	ive date, if other than the date of filing:  (optional)  fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor Listi	rd 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.
)ated	August, 16 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00