L22000408945

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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

K&E CLE	ANIG WITH LOVE LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KARINA ALDANA		
		Name of Person	
	K&E SERVICES WITH I	OVE LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	12641 SW 7TH CT		
		Address	
	DAVIE, FL., 33325		
		City/State and Zip Code	
	Libertadsofi@gmail.com		
	E-mail address: (to be used for future annual report noti	ification)
For further information	concerning this matter, please ca	all:	
KARINA ALDANA		561 7542349439	
Name	of Person		e Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	
Registration Division of (Registration Security Division of Cor	
P.O. Box 63		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

X&F CLEANIG HOUSE WITH LOVE LLC

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number <u>L22000408945</u>	any were filed on September 19, 2022	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
K&E SERVICES WITH LOVE L.L.C.		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	12641 SW 7TH CT DAVIE, FL, 33325	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		1023
Enter new mailing address, if applicable:	12641 SW 7TH CT DAVIE, FL, 33325	1
Mailing address MAY BE A POST OFFICE BOX)		
		~>
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, enter the name	of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter t Iorida street address	
		<u> </u>
	City	Zin Code

company has been notified in writing of this change.

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

tf 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>	Name	Address	Type of Action
AMBR	EDUARDO PEREZ	12641 SW 7TH CT DAVIE, FL, 33325	∃ Add
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Effect	ive date. if other than the date of filing: (optional)
f an eff Note:	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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
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	5/3/23.
	Circulation of the second of t
	Signature of a member or authorized representative of a member