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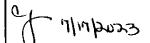
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RStevens 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:
Roshane Stevens
LLC Firm/Company
6533 Herbaur Road
North Lauderdale FL 33068 City/State and Zip Code Boshane Stevens 2020 of gmail com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for luture annual report notification) For further information concerning this matter, please call:
Poshcye Stevens at (954) 254 5882 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certified Copy (additional copy is enclosed)

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

() i			***************************************
KSKVens	LLC		2023 HAY 22 AM 7: 42
(Name of the Limited (A	<u>Liability Compar</u> Florida Limited L	ny as it now appears on our records.) liability Company)	· -
The Articles of Organization for this Limited Liab			3 and assigned
Florida document number <u>L2360</u> 00	12 775		
Florida document number L 2 3 0 000	13 113 22 =		
This amendment is submitted to amend the follow	./ / 5 ing:		
A. If amending name, enter the new name of the	<u>ie limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	la•	8571 NW 36	Street
		#301 Suncise	
(Principal office address MUST BE A STREET A	<u> (1001(ESS)</u>	3335i	Floried
		2232	
		(Fm	
Enter new mailing address, if applicable:		8571 NW 36 St	reet
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	#301 Sunose	Horida
		<u> 33351 </u>	
B. If amending the registered agent and/or regi	stered office a	ddress on our records, enter the	name of the new registered
agent and/or the new registered office address b			
	<i>i</i> A		
Name of New Registered Agent:	N/A		
	ΛΙΙΛ		
New Registered Office Address:		Enter Florida street address	
	NIA	ътел 1 иниа меся адагея	1110
	<u> </u>	, Florid	da <u>// / / / </u>
		City	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 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

Title *	<u>Name</u>	Address	Type of Action
MGR	Kalra Harriott	7460 NW. 42nd ST.	(VAdd
		Lauderhill FL 33319	□Remove
			□Change
			🗆 Add
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f an eff <u>Note:</u>	we date, if other than the date of filing:
e recor rd is fi	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 ed.
Dated	05/16/ 2023
	Signature of a member or authorized representative of a member