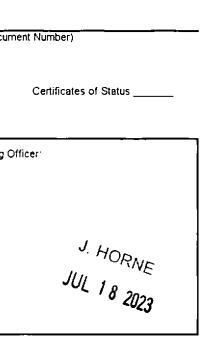
	(Requestor's Name)			
	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT	MAIL		
(Business Entity Name)				
	(Dosiliess Cirily Maille)			
	(Document Number)			
Certified Copies	Certificates of	Status		
Special Instructions to	Elling Officer			
opecia instructions to	, ming Office.			
	J	41-		
		MORNE		
	JUL	HORNE 18 2023		
		2023		



Office Use Only

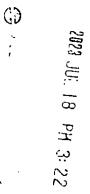


500412440755





07/19/23--01001--013 \*+25.00



## COVER LETTER

TO:	Registration Section Division of Corporations	
eun in	KM ROYAL CLEANERS LLC	
SUBJE		mited Liability Company
The end	closed Articles of Amendment and fee(s) are su	bmitted for filing.
Please i	eturn all correspondence concerning this matte	r to the following:
	KIMBERLY J MADRID	MARTINEZ
		Name of Person
	KM ROYAL CLEANER	suc
		Firm/Company
	35250 SW 177th CT UN	т в
		Address
	HOMESTEAD,FL. 3303	
	KIMBERLYMADRID03(	City/State and Zip Code
		(to be used for future annual report notification)
For furt	her information concerning this matter, please	cail
KIMBI	ERLY J MADRID MARTINEZ	786 695-0198
Name of Person		Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:	
≣ \$23	5.00 Filing Fee Solution Status  Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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



70

## KM ROYAL CLEANERS 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	y Company v	were filed on 01/10/202	23	and assigned
Florida document number L23000021574	<u></u> .			
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the l	mited liabil	lity company here:		
KIMMIS FASHIONS LLC	1			
The new name must be distinguishable and contain the words "	imited Liabili	ty Company," the designation	on "LLC" or the abb	revistion "L.L.C."
Enter new principal offices address, if applicable:	}	35250 SW 177TH CT	UNIT 13	
(Principal office address MUST BE A STREET AD	i	HOMESTEAD,FL. 330	034	
	7		· ·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1			
			·	
B. If amending the registered agent and/or registe	red office ac	idress on our records	, <u>enter</u> the name	of the new registered
agent and/or the new registered office address her	<b>:</b>			
Name of New Registered Agent:				
New Registered Office Address:	<u></u>			
		Enter Florida stree	et address	<del></del>
		, Florida		
		City		Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	complete p agent as pr red office a	erformance of my dut ovided for in Chapter	ties, and I am fa r 605, F.S. Or, if	miliar with and this document is
	If Chang	ing Registered Agent, Sign	nature of New Regis	tered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address** Name <u>Title</u> □Add □Remove \_\_\_\_\_ □Change \_\_\_\_ 🗆 🗀 Add Remove \_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_ □Remove \_\_\_\_\_\_ □Add \_\_\_\_\_ □Remove Remove \_\_\_\_\_ □Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

C	CHANGING NAME OF LLC.	
_		
_		
_		
_		
_		
_	<del></del>	
_		
_		
_		
_		
		1
_		<u> </u>
_		
_		
fectiv m effo	ve date, if other than the date of filing:	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
<u>ote:</u> I	it the date inserted in this block does not me	et the applicable statutory filing requirements, this date will not be listed as t
cume	nt's effective date on the Department of Sta	ite is records.
is file	specifies a delayed effective date, but not a ed.	n diffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated J	ULY 18	2023
	-1/) O N	· · · · ·
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Signature of a me	ember or authorized representative of a member
	\ KIMBERLY I MADRID MARTINEZ	1
		•

Filing Fee: \$25.00