## L23000057494

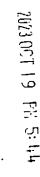
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

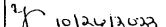




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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	KIDVENAS	S HOSPITALITY LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
		CESAR JIMENEZ	
		Name of Person	
		Firm/Company	
		2555 NE 193rd ST UNIT 2	124
		Address MIAMI FL 33180	
		City/State and Zip Code	
		JIPER3004@GMAIL.COM	М
	E-mail address: (	to be used for future annual re	eport notification)
For further information c	oncerning this matter, please o	all:	
CESAR JIMENEZ		786 at ()	2106905
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Address Registration S		<u>Street Add</u> Registrat	I <u>ress:</u> ion Section
Division of C		——————————————————————————————————————	of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KID	VENAS HOSPITALITY LLC	2023	OCT 19 PH 5: 44
<del></del>	(Name of the Limited Lia	bility Company as it now appearida Limited Liability Company)	rs on our records.)	
	(A rio	roa minoa maointy Company)	,	1 200
The Articles of Organization for	or this Limited Liability	Company were filed on	01/31/2023	and assigned
Florida document number	L23000057494			
This amendment is submitted t	o amend the following	:		
A. If amending name, enter	the new name of the l	imited liability company ho	ere:	
The new name must be distinguishab	ole and contain the words "l	.imited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices a	ddress, if applicable:		····-	
Principal office address MUS	ST BE A STREET AD	DRESS)		
Enter new mailing address, i	f applicable:			
Mailing address MAY BE A	••			
	viii viii viii		_	
3. If amending the registered	d agent and/or registe	red office address on our re	ecords, enter the na	me of the new registe
gent and/or the new register	ed office address here	<u>;</u>	· · · · · · · · · · · · · · · · · · ·	
Name of New Registe	ered Agent:		· 1-2	· · · · · · · · · · · · · · · · · · ·
New Registered Office	o Addrono			
New Registered Offic	æ Address.	Enter Flor	rida street address	
			m. 11	
		City	Florida _	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	CESAR A MARQUEZ	114 LAKE EMERALD DR BUILDING 114 APT 20	99 □ Add
		OAKLAND PARK. FL 33309	≣Remove
			□Change
			□Add
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flecti <u>:</u> If	date, if other than the date is listed, the date in this it's effective date on the	ust be specific block does no	and cannot be prior to da of meet the applicable			
ord s filed.	pecifies a delayed effect	ive date, but i	not an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90	th day after th
d	OCTOBER 16		2023			
		Jose Z	xrique Marquee	dolloop verified 10/16/23 6,58 PM PET UDH7-PMKY-EERG-AJUB		
					ember	

ET E CASA