L2300089507

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200405343622

08/29/23--01003--017 **25.00

5/16/23 V.W

023 MAR 29 PM 12: 10

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp		,	
SUBJE	ст. <i> </i>	(isseenoc	LLC	
Subst	C1:		ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	idence concerning this matter	to the following:	
		DANIEL	So to Name of Person	
			Name of Person	
		KISSEE	Do G LLC Firm/Company	
			Firm/Company	
		4602 N N	7Ain STreet	-
			Address	- (
		JACKS	City/State and Zip Code	2236
			City/State and Zip Code	
		Soto JAX190 E-mail address: (1	o be used or future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca		
	DANIE	<u> 50to</u>	at (954) 66 Area Code Daytime	1-9903
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for the	e following amount:		
Ø\$25	5,00 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 Address		Street Address:	
	Registration S Division of Co		Registration Sec Division of Cor	
	DIVISION OF CO	лроганону	DIAI2101 OF COL	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kissee 906	LLC
(Name of the Limited Liability Co (A Florida Lim	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>12306089567</u> .	pany were filed on $f \in \mathcal{B}(20)$, $2 \cdot \epsilon$ and assigned
Florida document number <u>L L J de de J i j d j .</u>	
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	<u>(S)</u>
-	923
	TAR TI
Enter new mailing address, if applicable:	29
	M or can
(Mailing address MAY BE A POST OFFICE BOX)	- S. 72. U
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	frice address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michalle W Darch	12.5 W 6 Th 55 H	
		JAXPL 32209	LRemove
			🗆 Change
MGR	Daniel Soto	46.2 N MAIN ST JAR FL 32204	GAGO
		JAR FL 32104	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			Change
			□Add
			🗆 Remove
			Change

_	
_	
-	
-	
-	
_	
=	
-	
-	
_	
-	
-	
-	
_	
-	
-	
Note:	ive date, if other than the date of filing: [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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as item's effective date on the Department of State's records.
rd is fi	
Dated	3/30/23 March 20, 2023 Middle Daniely Signature of a member of authorized representative of a member
	Michelle Daniele
	Michelle Daniels

Filing Fee: \$25.00