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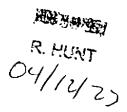
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

	Registration Se Division of Cor						
SUBJEC		NEERING SERVICES LLC					
SUBJEC	1:	Name of Lin	nited Liability Company		_		
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		KELCIE IZQUIERDO LO	DPEZ				
			Name of Person				
		KYI ENGINEERING SE	RVICES LLC				
			Firm/Company				
		6475 SW 152ND PL				į~>	
			Address			323	
		MIAMI, FL 33193				0823 4PR 12 PM 3: 1	
		IZQUIERDOKELCIE@G	City/State and Zip Code		355g	2 p	
			to be used for future annual report notific	ation)	—(T)	်္မ	_
For furthe	er information c	oncerning this matter, please c	all:		TE	9	
KELCIE	IZQUIERDO L	LOPEZ	786 630-4506				
	Name o	f Person		Felephone Nun	iher	_	
Enclosed	is a check for th	ne following amount:					
€ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certit	ficate of the	Status &	
_	Mailing Addres		<u>Street Address:</u> Registration Sect	ion			
Registration Section Division of Corporations			Division of Corpo				
1	P.O. Box 632	2.7	The Centre of Ta	llahassee			
•	Tallahassee T	FI 32314	2415 N. Monroe	Street Suita	e 810		

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KYLENGINEERING SERVICES LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	. –		
The Articles of Organization for this Limited Liability Company	were filed on 03/24/2023		_ and a	ssigned
Florida document number L23000150511				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
KI ENGINEERING LLC				
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbrev	viation "	L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)			23	
			ئىت سەر	
			کر ت	- +
		32	2	24.24
Enter new mailing address, if applicable:	-	10 10		111
Mailing address MAY BE A POST OFFICE BOX)		(T)(A)	_ ධ	
		<u>~~~</u>	-	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name o	f the n	<u>ew regi</u>
name of new registered regent.	 			
New Registered Office Address:	Enter Florida street address			
	ismeer toriaa sireer aaaress			
	Florid		Zip Code	· · · · · ·
	CHY		ng com	C.

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			🗀 Add
			Remove
			☐ Change
	 	 	□Add
			Change:
			Addy
			Remove CONTROL Addy Addy SSET STATE Remove
			Change
			□Add
			□Remove
			□Add
			□Remove

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