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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 : (305)591-9180 Fax Number : (305)591-9167

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 🐮 🚽

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KTA VELASQUEZ LLC

Certificate of Status	0
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T. LEMIEUX

MAY 1 2 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KTA VELASQUEZ LLC	į.	₹.
(Name of the Limited Liability (A Fiorida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on	and assigned
Florida document number L23000214484	•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the nan	ne of the new registers - . 23 23
Name of New Registered Agent:		: <del>-</del> -
Name of New Registered Agent.		—: —-:
New Registered Office Address:	Enter Florida street address	
	City	Zip Codi
New Registered Agent's Signature, if changing Registered A	Agent:	ပါ

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	Address	Type of Action
AMBR	DAVID MAYA	383 NE 97TH ST	□Add
-	<del></del> .	MIAMI SHORES, FLORIDA 33138	■Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
<u>_</u>			□Add
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fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	t be specific and cannot ock does not meet the	: applicable statutory	(option of the contract of the	filing.) Pursuant to 605.020
ecord specifics a delayed effectiv is filed.	: date, but not an effe	ctive time, at 12:01	a.m. on the earlier of: (b	) The 90th day after the
ted MAY 4		•		
		Latau		
	V.	<del></del>		

Filing Fee: \$25.00