## L23000230612

| (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: |
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|   |

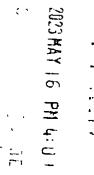
Office Use Only



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05/16/23--01032--021 \*\*25.00

7/12/25 V(N



## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor                 | porations                                 |   |   |
|---------------------------------|---|---|---|
|                                 | UMENT PREP LLC                            |   |   |
| SUBJECT:                        | Name of Lim                               | ited Liability Company  | <del></del>   |
|                                 |   |   |   |
| The enclosed Articles of        | Amendment and fee(s) are sub              | initted for filing,   |   |
| Please return all correspo      | ondence concerning this matter            | to the following:   |   |
|                                 | SAMANTHA VASQUEZ                          |   |   |
|                                 |   | Name of Person  |   |
|                                 |   | Firm/Company  |   |
|                                 | 1221 N MAIN ST                            |   |   |
|                                 |   | Address   |   |
|                                 | KISSIMMEE FL 34744                        |   |   |
|                                 |   | City/State and Zip Code   |   |
|                                 |   | RVICES@HOTMAIL.COM<br>to be used for future annual report no        | iffication)   |
| For further information c       | oncerning this matter, please c           |   |   |
| SAMANTHA VASQUE                 |   | 407 9290211<br>at ()  |   |
| Name o                          | f Person                                  | Area Code Daytir  | me Telephone Number   |
| Enclosed is a check for the     | ne following amount:                      |   |   |
| ■ \$25.00 Filing Fee            | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                  |   | Street Address:   | ion   |
| Registration ?<br>Division of C |   | Registration Se<br>Division of Co                                   |   |
| P.O. Box 632                    | •   | The Centre of   | •   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KNS DOCUMENT PREP, LLC

| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | v as it now appears on our records.)<br>ability Company)                         |                                     |
|--|--|-------------------------------------|
| The Articles of Organization for this Limited Liability Company with Florida document number 1.23000230612   | vere filed on <u>05/10/2023</u>  | and assigned                        |
| This amendment is submitted to amend the following:  |  |                                     |
| A. If amending name, enter the new name of the limited liabil  | ity company here:  |                                     |
| KNS NOTARY AND DOCUMENT PREP, ELC  |  |                                     |
| The new name must be distinguishable and contain the words "Limited Liabilit   | y Company," the designation "LLC" or the abb                                     |                                     |
| Enter new principal offices address, if applicable:  |  | 23                                  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                                     |
| · · · · · · · · · · · · · · · · · · ·  |  | 0 !                                 |
|  |  | P                                   |
|  | <u>-</u>   |                                     |
| Enter new mailing address, if applicable:  | -  | <u></u>                             |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | f11                                 |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:  | ldress on our records, <u>enter the name</u>                                     | of the new registered               |
| Name of New Registered Agent:  |  |                                     |
|  |  |                                     |
| New Registered Office Address:   | Enter Florida street address   |                                     |
|  | Date The late street landes  |                                     |
|  | , Florida  | Zip Code                            |
|  | · ny   | zηr Code                            |
| New Registered Agent's Signature, if changing Registered Agent:  |  |                                     |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I am fa<br>covided for in Chapter 605, F.S. Or. ij | miliar with and<br>this document is |

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 |
|--------------|-------------|---------|----------------|
|              |             |         |                |
|              |             |         | □Remove        |
|              |             |         | □ Change       |
|              |             |         | □ Add          |
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|              |             | <u></u> | □Remove        |
|              |             |         | □ Change       |

| LAM ONLY REQUEST  | ING TO CHAN                          | GE THE LLC                              | NAME TO:  |                          |                              |
|---|--------------------------------------|---|---|--------------------------|------------------------------|
| KNS NOTARY AND D  | OCUMENT PR                           | EP. LLC                                 |   |                          |                              |
| ALL OTHER INFORM  | ATION ON TH                          | E LLC IS TO R                           | EMAIN AS IS.                                      |                          |                              |
|   |                                      |   |   |                          |                              |
|   | · -                                  |   | <u></u>   | <u> </u>                 |                              |
|   |                                      |   |   |                          |                              |
|   |                                      |   |   |                          |                              |
|   |                                      |   |   |                          |                              |
|   |                                      |   |   |                          |                              |
| <u> </u>  |                                      |   |   |                          |                              |
| fective date, if other than<br>n effective date is listed, the date<br>ote: If the date inserted in the<br>cument's effective date on t | must be specific<br>is block does no | and cannot be pric<br>at meet the appli | er to date of filing or i<br>cable statutory fili | nore than 90 days after. | filing.) Pursuant to 605.020 |
| ecord specifies a delayed eff<br>is filed.  | ective date, but (                   | iot an effective                        | time, at 12:01 a.m                                | on the earlier of: (b)   | The 90th day after the       |
| ted   | 7                                    | 2023                                    | ·   |                          |                              |
| <u> </u>  |                                      |   | horized representativ                             |                          |                              |

Filing Fee: \$25.00