LA 3000 299571

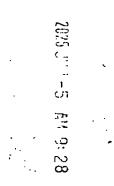
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

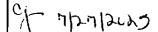




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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor					
SUBJEC		g And Embroidery LLC				
SUBJEC	Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		Ronny Orta				
			Name of Person			
		KAJ19 Services LLC				
			Firm/Company			
		1408 Normandy blvd				
		-	Address			
		Holiday, FL, 34691				
		ronny2325@hotmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual rep	ort notification)		
For further	er information c	oncerning this matter, please c	all:			
Ronny Orta		727 3613	691			
	Name o	of Person	at () Area Code	Daytime Telephone Number		
Enclosed	is a check for the	he following amount:				
□ \$25.0	00 Filing Fee	\$1 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S		<u>Street Addi</u> R <i>e</i> gistrati			
Division of Corporations			Registration Section Division of Corporations			
I	P.O. Box 632	27	The Centre of Tallahassee			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2028 J.T. -5 AM 9: 28

AJ Printing And Embroidery LLC		3 K 9: 28	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our recording Limited Liability Company)	r <mark>ds.</mark>)	
The Articles of Organization for this Limited Liabilit Florida document number 1.23000299571	y Company were filed on 6/21/2023	and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the l	limited liability company here:		
KAJ19 Services LLC			
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registered	ered office address on our records, <u>ente</u>	<u>r the name of the new registere</u>	
agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addri	255	
	, F	lorida	
	Cuy	гір Соае	

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
 			□Add
			□Remove
			□Change
			□Add
		···	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			Change
			□Add

• •	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
lf an ef <u>Note:</u>	ive date, if other than the date of filing:
ne reco ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May 15 2025
	Signature of a member or authorized representative of a member
	Ronny Orta

Filing Fee: \$25.00