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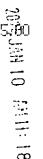
(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor		•		
	AVEL MULTISERVICES LLO	3		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KAREN FAJARDO ALCO	OLEA		
		Name of Person		
	KFA CORPORTION			
		Firm/Company		
	902 S SWEETWATER BI	LVD		
	-	Address		2
	LONGWOOD, FL 32779			1741 1883 1740
	KFASOLUTION@GMAIL			2024 JAH 10 SEORETARY
	E-mail address: (to be used for future annual report notif	lication)	
For further information c	oncerning this matter, please ca	all:		
KAREN FAJARDO AL	COLEA	786 218 4506		$\frac{1}{ \mathcal{X} } \infty$
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Cor The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KF&G TRAVEL MULTISERVICES LLC

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number L23000512839	Liability Company were filed on 11	/13/2023 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Onter new mailing address, if applicable:		\$5. 20 <u>.</u>
Mailing address MAY BE A POST OFFICE	<u> </u>	
3. If amending the registered agent and/or	registered office address on our r	ecords, enter the name of the new regist
gent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	KFA CORPORATION	
New Registered Office Address:	902 S SWEETWATER BLVD	
-	Enter Flor	rida street address
	LONGWOOD	, Florida ³²⁷⁷⁹
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSE G TASE MATOS	4929 CEDAR BAY ST	🗆 Add
		ORLANDO, FL 32812	⊠Remove
			□Change
AMBR	JOSE LUIS SANTOS MARTIN	9615 SW 24TH ST APT #A325	⊠Add
		MIAMI, FL 33165	□Remove
			□Change
			🗆 Add
			□Remove
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fective date, if other than the date of filing:		iling.) Pu		
ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	filing requirements, this o	date wil	ll not be	: listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a is filed.	.m. on the earlier of: (b)	The 9	0th day	after the
•				
ated December 15 2023				
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