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(Req	uestor's Name)
DbA)	ress)	
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(City)	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer;	

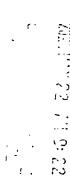
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Figurella KD.	LLC
Nan	rticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Angela Peret Name of Person Feanty Corporate Consultants firmi-Company 8500 Sunnse Lakes Blvd, Ste 109 Address Sunrise Ft. 33322 City/State and Zip Code Angels Peret Engurells us A. corr E-mail address: (to be used for luture annual report notification) mation concerning this matter, please call: Name of Person at (305) 793-8871 Daytine Telephone Number
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Ana	ela Perez
	irm/Company
Su	nrise fr. 33322
——————————————————————————————————————	ddress: (to be used for future annual feport notification)
For further information concerning this matter, p	
Angela Perez	at (<u>305) 793-887</u> 7
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	
Mailing Address:	Street Address:
Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Figurella KD	, LC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records Liability Company)	<u>,,)</u>
The Articles of Organization for this Limited Liability Company Florida document number L2400000410	were filed on <u> 2 2 2</u> 0	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1040 Weston Westur, Fr	0 RD#307 . 33326
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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 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 Title Name Address **Type of Action** Figurella International 8/01 NW 33 = 5+

Dorol FC 33/22 Remove Change 150 SE. 2 nd Ave Serena UTARi Suite 701 Remove
Minami, Fr 33131 □Add _____ □Remove \square Add _____ □Change ∐Remove □ Change

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