## LZ4000000110

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## **COVER LETTER**

TO: Registration S Division of Co			
FIGUREL SUBJECT:	LA KD LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	•	
	ANGELA PEREZ		
		Name of Person	<del> </del>
	A CAMI BUSINESS AND	CORPORATE SOLUTIONS L	LC
		Firm/Company	· · ·
	8500 SUNRISE LAKES B	LVD., STE. 109	
	<del></del> -	Address	· · · · · · · · · · · · · · · · · · ·
	SUNRISE, FLORIDA 333	22	
	ACAMI@CAMIBCS.COM	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report n	otification)
For further information of	concerning this matter, please ca	all:	
ANGELA PEREZ		305 489-1414 at ()	
Name o	of Person		ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addres</u> Registration		Street Address: Registration S	Section
Division of C	Corporations	Division of C	
P.O. Box 632	27	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



September 4, 2024

ANGELA PEREZ A CAMI BUSINESS AND CORPORATE SOLUTIONS 8500 SUNRISE LAKES BLVD, STE 109 SUNRISE, FL 33322

SUBJECT: FIGURELLA KD LLC Ref. Number: L24000000410

We have received your document for FIGURELLA KD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

Letter Number: 924A00019724

OCT - 9 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

产性性的

FIGURELLA KD LLC			2024 OCT -9
(Name of the Limite	d Liability Comps A Florida Limited	ny as it now appears on our recor lability Company)	2024 OCT -9 AH 8: 36
The Articles of Organization for this Limited Lia Florida document number L24000000410	ability Company	were filed on 12/21/2023	TALLAHASSEE TO GENERAL
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liah	ility company here:	
The new name must be distinguishable and contain the wo		ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica ( <i>Principal office address MUST BE A STREET</i>			
Timepar office address MOST BE A STREET	ADDRESS		
Enter new mailing address, if applicable:		9717 SW 74TH AVENUE	
Mailing address MAY BE A POST OFFICE B	BOX)	OCALA, FLORIDA 34476	
B. If amending the registered agent and/or re agent and/or the new registered office address		nddress on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:	CAMI BUSI	NESS AND CORPORATE SOI	LUTIONS LLC
New Registered Office Address:	8500 5	unrise Lokes Blv Enter Florida street addre	d, 8te 109
		Emer rangu sireer taart	

## 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 Begistered 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 =	(Man	ager

**AMBR** = **Authorized Member** 

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