

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIGURELLA KD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA PEREZ

Name of Person

A CAMI BUSINESS AND CORPORATE SOLUTIONS LLC

Firm/Company

8500 SUNRISE LAKES BLVD., STE. 109

Address

SUNRISE, FLORIDA 33322

City/State and Zip Code

ACAMI@CAMIBCS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA PEREZ

305 489-1414
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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):

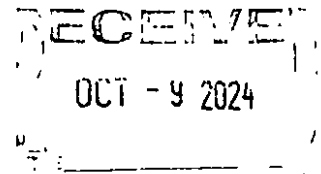
The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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



FILED

2024 OCT -9 AM 8:36
rds.)

TALLAHASSEE, FLORIDA
and assigned

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

[illegible]

2024 OCT -9 AM 8:36
TALLAHASSEE, FLORIDA

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2024 OCT -9 AM 8:36
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated AUGUST 1 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ANGELA PEREZ - AGENT

Typed or printed name of signee