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COVER LETTER

TO:

TO: Registration Se Division of Cor			
OF LOCATE	OM ENGRAVING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandra Naranjo		
		Name of Person	
		Firm/Company	
	10243 W 32nd Lane		### Address:
		Address	
	Hialeah, FL 33018		
		City/State and Zip Code	
	KVTCustom@gmail.com	*****	
		to be used for future annual report noti-	fication)
For further information of	oncerning this matter, please c	all:	
Sandra Naranjo		305 504-9079	
Name o	f Person	at () Area Code Daytim	e 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)	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	•		
Tallahassee I			e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KVT CUSTOM ENGRAVING, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L24000003930	npany were filed on 12/27/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
KVT CUSTOM BRANDING, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	22 23 24 24
Principal office address MUST BE A STREET ADDRES	<u> </u>	
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		ر)
Enter new mailing address, if applicable:		- :
AN TELLE MAY BE A BOOT OFFICE BOYO		<u> </u>
Trusting water cas milit be in tool of the bony		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	73 1	
	, Florid	la 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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Петоve
			Change
			□Add
			□ Remove
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te: If the date insert	er than the date of filir d, the date must be specific an ted in this block does not ate on the Department of	meet the applicable	ate of filing or more than statutory filing requi	90 days after filing.) Pursurements, this date will n	ant to 605,020 of be listed as
ecord specifies a dela s filed.	ayed effective date, but no	ot an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
ed July 17		. 2024			
	1 / 1 MJ 1 7 M				
	Signature of a	n member or authorize	d representative of a me	mber	

Filing Fee: \$25.00