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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/11/24

NAME: LKKL INVESTMENTS & SERVICES LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Se Division of Cor						
		stments & Services LLC					
SUBJEC	T:	Name of Lim	ited Liability Company				
		Amendment and fec(s) are sub	_				
		Katia Aparecida da Silva					
			Name of Person			-	
		LKKL Investments & Serv	vices LLC				
		· · · ·	Firm/Company			-	
		610 Sycamore Street, Ste	315				
			Address			_	
		Celebration, FL 34747				•	
			City/State and Zip Co	માલ		_	٠,
		centroeducacionaleonquista	-			•	: :
		E-mail address: (to be used for future ann	ual report notifica	ation)	-	
For furthe	er information co	oncerning this matter, please co	all:				J:
Katia Ap	arecida da Silva		at ()	+55119618376			
	Name of	Person	Area Code	Daytime T	elephone Numbe	1	
Enclosed	is a check for th	e following amount:					
■ \$25.0	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy tadditional copy is	,	Certifie	ate of Sta	atus &
]	Mailing Address Registration S Division of Co P.O. Box 632	orporations	Regi Divi	t Address: stration Secti sion of Corpo Centre of Tal	orations		
	Fallahassee, F			N. Monroe S		310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	.1.22	
(A FI	ability Company as it now appears on our reco orida Limited Liability Company)	<u>ras.</u>)
he Articles of Organization for this Limited Liabilitorida document number L24000012720	ty Company were filed on 01/04/2024	
his amendment is submitted to amend the following	g:	
If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable		••
Principal office address MUST BE A STREET AI		
THE PART OFFICE AUGUSTS PROST BE A STREET AT	7DK1.33)	
		-
Inter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		, O.
3. If amending the registered agent and/or regist gent and/or the new registered office address he		er the name of the new regis
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addr	ess
		ess H orida Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

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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
MGR	Katia Aparecida da Silva	1499 Brentwood Drive, Kissimmee, FL 34746	□Add
			□Remove
			■ Change
MGR	Luiz Carlos Palaro	1499 Brentwood Drive, Kissimmee, FL 34746	
			□Remove
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ote: If the date inserted in t	n the date of filing: te must be specific and cannot be pri this block does not meet the appl the Department of State's recore	licable statutory filing requirer	(optional)) days after filing.) Pursuant to 605.02 ments, this date will not be listed
record specifies a delayed el	flective date, but not an effective	time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after th
June 10th ated	2024		
	Katia Aparecida da Silva	06/10/24	
	Watta I bas coun da Juan	00/10/24	

Filing Fee: \$25.00