124000131762

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COVER LETTER

		ition Sec of Corp			
SUBJEC		i, LLC			
SUBJEC	· I •		Name of Lin	nited Liability Company	
The encl	osed Arti	icles of A	mendment and fee(s) are sub	omitted for filing.	
Please re	turn all c	orrespon	dence concerning this matter	to the following:	
			GUSTAVO ZANETTI		
			,	Name of Person	
				Firm/Company	
			444 NE 30TH ST UNIT 50		
			MIAMI, FL 33137	Address	
				City/State and Zip Code	
			GUSZAN@GMAIL.COM	City/state and Zip Code	
			E-mail address: (to be used for future annual report not	ification)
For further	er inform	nation con	cerning this matter, please ca	all:	
GUSTAV	VO ZAN	ETTI		786 983-0894	
		Name of P	erson		ne Telephone Number
Enclosed	is a chec	k for the	following amount:		
☑ \$25.0	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)
		Address:	etion	Street Address:	ation
Registration Section Division of Corporations		Registration Section Division of Corporations			
		x 6327	1	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT: TO ARTICLES OF ORGANIZATION OF

K21, LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{0.3/26/2024}{1}$ and assigned Florida document number <u>L24000131762</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: K21 ROUTE 7, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
			□Remove
			□Change
			□Add
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Effective date, if other than the can effective date is listed, the date must Note: If the date inserted in this blookeument's effective date on the Department.	ck does not meet the applicat	o date of filing or more than the ble statutory filing require	(optional) 00 days after filing.) Pursuant to 605.0 ments, this date will not be listed)207 1 as
record specifies a delayed effective l is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the er	rlier of: (b) The 90th day after t	the
	2024			
APRIL 01		•		
ated APRIL 01		-		
(avelli Signature of a member or author			

Filing Fee: \$25.00