L24000 141313

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
HORNE		
JUL 20 2024		

Office Use Only



400433430824

07/22/24--01015--004 **25.00



COVER LETTER

TO: Registration Section

Division of Corporations				
	PROPERTY LIMITED LIAB	ILITY COMPANY		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kevin Correa, Esq.			
		Name of Person	·	
	KEVIN CORREA PA			
		Firm/Company	.	
	1805 Ponce De Leon Bou	levard Suite 300		
		Address		
	Coral Gables, Florida 331	3-4		
		City/State and Zip Code		
	kevin@ketitleagency.com	to be used for future annual report not	itication	
For further information c	oncerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Kevin Correa		305 429-6984		
	f Person	at () Area Code Daytin	and Wall and the XI and the an	
Name o	i rerson	Area Code Dayin	ne Telephone Number	
Enclosed is a check for the	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)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee		The Centre of '	/(/ `	
P.O. Box 6327 Tallahassee, FL 32314			l allahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



(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 v	vere filed on03/22/20	and assigned	
Florida document number <u>L24000141313</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designat	tion "LLC" or the abbreviation "L.L.C."	-
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 acagent and/or the new registered office address here:	ldress on our record	ls, <u>enter the name of the new registe</u>	<u>:red</u>
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida street address		
	70	, Florida	_
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	KEVIN CORREA PA	1805 PONCE DE LEON BOUELVARD SUITE 300 CORAL GABLES, FL 33134	□Add
			≣ Remove
		 .	□Change
MGR	DAMENOURP RATION, UNIVES ORIGINATION	HENKINS WALEKTRONT HAZANGTE SSÇANDA STRIFT CHARLESTOWN NIVES	■Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🖾 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

		
		
· · ·		
		_
2. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to date of filing or m lock does not meet the applicable statutory filin	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3 %) g requirements, this date will not be listed as the
the record specifies a delayed effection of the field.	ve date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Dated JULY 16	2024	
	Signature of a member or authorized representative	of a member
KEVIN CORREA, ES	Q.	
	Typed or printed name of signee	

Filing Fee: \$25.00