

To:

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2024-04-18 13:41:03 GMT

14075773447

From: ELSY OLIVAR

4/18/24, 9:36 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VORAUS S&O LLC
Account Number : I20220000166
Phone : (321)732-2022
Fax Number : (407)577-3447

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K&D HOUSE CLEANING AND RENTAL SERVICES LLC

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APR 19 2024

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2024-04-18 13:41:03 GMT

14075773447

From: ELSY OLIVAR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K&D HOUSE CLEANING AND RENTAL SERVICES 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:

katherine J Del Valle Medina Marcano

Name of Person

Firm/Company

10516 BASTILLE LANE APT 303

Address

ORLANDO, FL, 32836

City/State and Zip Code

VORAUSSYO@GMAIL.COM

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

For further information concerning this matter, please call:

ELSY C OLIVAR

Name of Person

321 7322022

at (

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
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Certified Copy
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\$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

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

K&D HOUSE CLEANING AND RENTAL SERVICES 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 04/11/2024 and assigned Florida document number L24000172628

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

10516 BASTILLE LANE APT 303

ORLANDO, FL 32836

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10516 BASTILLE LANE APT 303

ORLANDO, FL 32836

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

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KATHERINE MEDINA MARCAN	10516 BASTILLE LANE APT 303 ORLANDO, FL 32836	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	DAVID R VELASQUEZ PENA	10516 BASTILLE LANE APT 303 ORLANDO, FL 32836	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 04/17/2024 (optional)
(If an effective date is listed, the date must be specific and cannot be later than 5 years.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 04/17

2024

Katherine Melina Martino
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KATHERINE MEDINA MARANO

Typed or printed name of signee

Filing Fee: \$25.00