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COVER LETTER

	stration Sec sion of Corp			
SUBJECT:	KFK Service	es LLC		
SOBJECT		Name of Lin	nited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	emitted for Elina	
		indence concerning this matter		
r rease return t	in correspon	dence concerning this matter	to the following:	
		Kadir Fabre		
			Name of Person	
		KFK Services LLC		
			Firm/Company	
		9830 Bernwood Place DR	Apt 101	
			Address	
		Fort Myers FI 33966		
			City/State and Zip Code	
		kadirfabreverdesia@ciloud.	com to be used for future annual report noti	fication)
For further inf	ormation co	ncerning this matter, please c		incurion,
Kadir Fabre			239 699 65111	
·	Name of	Person	at ()	e Telephone Number
				· · · · · · · · · · · · · · · · · · ·
Enclosed is a c	heck for the	e following amount:		
≡ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divis P.O.	ng Address: stration So sion of Co Box 6327 thassee, Fi	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KFK Services LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our recored Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Compa		
orida document number L24000235590		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li-	ability company here:	
ne new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		24
	-	
nter new mailing address, if applicable:		:
Aailing address MAY BE A POST OFFICE BOX)		
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		02
. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	Emer r wrata street adare	33
	City:	lorida
	cay	ыр Соас

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
MGR	Kristine Carrasco	9830 Bernwood Place Dr Apt 101	
		Fort Myers Fl 33966	_
			□Change
MGR	Kadir Fabre	9830 Bernwood Place Dr Apt 101	\ Add
		Foryt Myers Fl 33966	□Remove
			□Change
			□Add
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	he date must be specific and	I cannot be prior to date		(optional) s after filing.) Pursuant to 60; ts. this date will not be list	
	I in this block does not n	neet the applicable st			
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fan effective date is listed, t Note: If the date inserted document's effective date e record specifies a delaye d is filed.	e on the Department of S	State's records. an effective time, at 2024			

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