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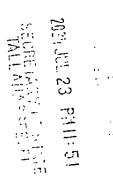
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| Special Instructions to Filing | g Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration's Division of Co | | | | | - |
|--|--|---|---|-------------------------|-----|
| K &M Yo | outh Hope LLC | | | | |
| SUBJECT: | Name of Lir | nited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| | ondence concerning this matter | | | | |
| | Kevin Menendez | | | | |
| | | Name of Person | | | |
| | K & M Youth Hope LLC | | | | |
| | | Firm/Company | | | |
| | 11 E 60 th Street | | | 51 | |
| | | Address | | | v : |
| | Hialeah, Fl 33043 | | | 2024 JUL 23 SEUREIXA | - |
| | | City-State and Zip Code | | į., os | |
| | kevmenendez20@gmail.co | | | | |
| | | (to be used for future annual report notific | cation) | PH 15 | |
| For further information | concerning this matter, please of | call: | | 100 | |
| Kevin Menendez | | 786 338-8218 | | | |
| Name | of Person | at () Area Code Daytime | Telephone Number | _ | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate o Certificate o Certified Cop tadditional copy | f Status & py | |
| Mailing Addre Registration Division of 0 | ess: Section Corporations | <u>Street Address:</u> Registration Sect Division of Corp | ion orations | | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION OF

| (Name of the Lim | ited Liability Compa (A Florida Limited l | nv as it now appears on our reco nability Company) | ords.) | |
|--|--|---|----------------------------------|--|
| The Articles of Organization for this Limited Florida document number $\frac{1.2400287413}{1.000000000000000000000000000000000000$ | Liability Company | were filed on 06-25-2024 | and assigned | |
| This amendment is submitted to amend the fol | llowing: | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | | |
| Not applicable | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the designation "L | LC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | Not applicable | | |
| Principal office address MUST BE A STRE | | | - 2 | |
| | | | 974 SEC | |
| | | | 三种 | |
| Enter new mailing address, if applicable: | | Not applicable | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
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| If amending the registered agent and/or igent and/or the new registered office addr | | iddress on our records, <u>ent</u> | er the name of the new registe | |
| the state of the s | · · · · · · · · · · · · · · · · · · · | | | |
| Name of New Registered Agent: | Not applicable | | | |
| New Registered Office Address: | Not applicable | | | |
| The state of the s | | Enter Florida stre et addi | ress | |
| | | | | |
| | | City | Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |

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 Address Title Name Type of Action MGR Kevin Menendez 11 E 60th Street Hialeah Florida 33013 ₹Add _____ □ Remove _____ □Change □Remove_ □Change _____ □Remove _____ □Change _____ 🖺 Change ______ ДAdd ____ □Remove

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| ffective date, if other than the date of filing: to date of filing or more than an effective date is listed, the date must be specific and cannot be prior to date of filing or more than | (optional) 90 days after filing.) Pursuant to 605,0207 (|
| <u>lote:</u> If the date inserted in this block does not meet the applicable statutory filing required ocument's effective date on the Department of State's records. | rements, this date will not be listed as th |
| · · | |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the control of the contr | earlier of: (b) The 90th day after the |
| t is filed. | |
| ated 14 16 2024 | |
| 1/kg | |
| | |
| Signature of a member or authorized representative of a me | mber |

Filing Fee: \$25.00