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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE
OFFICE

09/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K1 LIFESTYLE 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:

KEVIN ANTONIO
Name of Person

K1 LIFESTYLE SERVICES LLC
Firm/Company

228 LIVE OAK LANE
Address

BOYNTON BEACH, FL 33420
City/State and Zip Code

ZNATION32@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN ANTONIO at (561) 403-8403
Name of Person 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) ☐ \$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

K1 LIFESTYLE SERVICES LLC

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>
MGR	KEVIN ANTONIO	228 LIVE OAK LANE	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2021 APR 15 PM 4:21
CLERK OF STATE
TALLAHASSEE, FL

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

I NEED TO CHANGE MY TITLE TO MANAGER.
I WENT TO OPEN MY BUSINESS BANK ACCOUNT
AND I CAN'T BE LISTED AS CEO.

FILED
JAN 6 PM 1:22
CLERK OF SUPERIOR COURT
ALABAMA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____



Signature of a member or authorized representative of a member

KEVIN ANTONIO

Typed or printed name of signer