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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PROELSITAX Account Number : 120230000184

Phone : (407)201-2375

Fax Number : (407)201-2375

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L&K GLOBAL INVESTMENT LLC

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M. SOLOMON

SEP 16 2024

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COVER LETTER

TO: Registration Division of C		5	•		•
L&K GL SUBJECT:	OBAL INVESTMENT LLC	g	,	<i>;</i>	
	Name of L	imited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are si	ibmitted for filing.			
Please return all corresp	pondence concerning this matte	er to the following:			
	LUIS E. CORREDOR SA	ALAS			
		Name of Person		_	
	L&K GLOBAL INVEST	MENT LLC			
		Firm/Company		-	
	9024 TUSCAN CYPRES	SS ST		202 SE	
		Address		ALL ALL	arm.
	KISSIMMEE, FL 34747			2024 SEP 13 SECRETARA TALLAHA	7
	1	City/State and Zip Code		* 0F	
	lcorredor2580@gmail.com E-mail address:	(to be used for future annual report notific	alion)	m _{e0} 🛖	
For further information of	concerning this matter, please o			:51 TATE FL	
LUIS E. CORREDOR S		647 739-3728			
Name c	of Person	at ()	elephone Number		
Enclosed is a check for the	ha Callandor				
Enclosed is a check for the \$25.00 Filing Fee		7 *** ** ***	_		
= \$25.00 Fining Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Addres	c.	0			
Registration S	Section	Street Address: Registration Section			
Division of C P.O. Box 632		Division of Corpo	rations		

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&K GLOBAL INVESTMENT L	.LC			
(Name of the Lim	ited Liability Comps (A Florida Limited	inv as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number 1.24000354490		were filed on 08/13/20	224	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
	<u> </u>			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9024 TUSCAN CYP	RESS ST	<u> </u>
		KISSIMMEE, FL 347	747	
				024 SF (
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	9024 TUSCAN CYP KISSIMMEE, FL 347		SEP 13 P
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our record	in m	<u> </u>
Name of New Registered Agent:	LUIS E. CORR	EDOR SALAS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
New Registered Office Address:	9024 TUSCAN	CYPRESS ST		
		Enter Florida str	eet address	
	KISSIMMEE		, Florida ³⁴⁷⁴	7
		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.

Lis Conedor	
ID 77stw85q8a n2uikyysol03tw8sw1734	

To:

From: Proelsi Tax LLC

Page: 4 of 6 2024-09-13 20:26:05 GMT 14079260471 From: Proelsi Tax 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
AMBR	REYES DE CORREDOR, KARLA	9024 TUSCAN CYPRESS ST	
		KISSIMMEE, FL 34747	□Remove
			☐ Change
AMBR	CORREDOR SALAS, LUIS E.	9024 TUSCAN CYPRESS ST	□Add
		KISSIMMEE, FL 34747	□Remove
			□Add
			SECHLIANS OF S
			E. FL STATE DE Move
			Change
			□Add
			□Remove
			□ Change
			⊡Add
			□ Remove
			Change

Ta:

Filing Fee: \$25.00

Typed or printed name of signee