L24000381517

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Special Instructions to Filing Officer





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COVER LETTER

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Registration Section
Division of Corporations

BUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	at (
Please return all correspo	ondence concerning this matter	to the following:	
	Wyftnah Kwan Davis		
		Name of Person	
	KD & JC LLC		
		Firm/Company	.
	1551 Starboard St. NW		
		Address	
	Palm Bay Fl 32907		
		City/State and Zip Code	
	- -		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Wyftnah Kwan Davis			
Name of Person			e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration			ction
-			
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KD & JC LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limi	ted Elability Company)	MLLAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{8-30-2024}{1}$	and assigned
Florida document number L24000381517		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offi	ice address on our records	, enter the name of the new registere
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	•	Zıp Code
New Registered Agent's Signature, if changing Registered Age	ent:	
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my du as provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

f 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> </u>	<u>Name</u>	Address	Type of Action
AMBR	Wyftnah Kwan Davis	1551 Starboard St NW Palm Bay Fl 32907	
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove

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ctive date, if other than the effective date is listed, the date must	late of filing:	an prior to data of	Elina or mare the	optio	nal)	cu ant to 605 0	1207
e: If the date inserted in this blo	ck does not meet the	applicable statu	tory filing requ	irements, this	date will	not be listed	Las
ument's effective date on the De	partment of State's re	ecords.					
cord specifies a delayed effective	date, but not an effe	ctive time, at 12	:01 a.m. on the	earlier of: (b)	The 901	th day after t	the
filed.							
October 15	2024						
ed							
/ / /		, ,					
wysmah	Kwan o	or authorized repr		h			

Filing Fee: \$25.00