L2400041032/

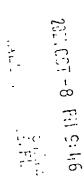
(Requestor's Name)			
, -	,		
	dress)		
(A0	uress)		
(Ad	dress)	_	
(Cit	y/State/Zip/Phone	#)	
PICK-UP	MAIT	MAIL	
(80	siness Entity Nam	<u> </u>	
ua)	Silless Entity Nam	ie)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
•			

Office Use Only



500437476795







COVER LETTER

, · · · · · · · ·

TO:

TO:	Registration Sec Division of Corp			
erin ii	CT	KAP & AS	SOCIATES, LLC	
SUBJE	.CI:	Name of Lim	ited Liability Company	·
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		KIR	ENIA HERNANDEZ PERDOMO	
			Name of Person	
		KAI	% ASSOCIATES, LLC	
	Firm/Company			
	4900 N MACDILL AVE APT B47			
			Address	
		TA	MPA, FLORIDA 33614	
			City/State and Zip Code	
			KNSLLC7@GMAIL.COM	
Б. С			to be used for future annual report noti	fication)
For lur	ther information of	oncerning this matter, please ca	111:	
	KIRENIA HE	RNANDEZ PERDOMO	813 5703762 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$2.	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records. Company as it now appears on our records. Company were filed on		
mpany were filed on 150-09/20/2024 The and as		
und de	ssigned	
ed liability company here:		
LLC		
ed Liability Company," the designation "LLC" or the abbreviation "l	II.,C."	
NA		
ESS) NA	NA	
NA		
office address on our records, <u>enter the name of the no</u>	ew regist	
Enter Florida street address		
, Florida ^{NA}		
-	NA NA NA NA NA Office address on our records, enter the name of the no	

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.

NA
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>	Type of Action
NA	NA	NA	□Add
		NA	□Remove
		NA	☐Change
NA	NA 	NA	
		NA	□Remove
		NA	-
NA	NA	NA	_
		NA	□Remove
		NA	□Change
NA	NA	NA NA	□ Add
		NA	□Remove
		NA	☐Change
NA	NA	NA	
		NA	□Remove
		NA	
NA	NA	NA	Dentange
		NA	□D.m.o.u.
		NA	□Change

NA					
			···	-	
		· · · · · · · · · · · · · · · · · · ·			
			-		
			_		
					
					<u></u>
					
			_		.
				.,	
			_		
fan effective Note: If th	late, if other than the date e date is listed, the date must be see date inserted in this block of seffective date on the Depart	pecific and cannot be prior loes not meet the applic	to date of filing or ir able statutory filin	(optional) nore than 90 days after filing.) ag requirements, this date v	Pursuant to 605.0207 vill not be listed as
record spe d is filed.	ecifies a delayed effective dat	e, but not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The	90th day after the
Dated	October 2nd	2024	·		
-	K. Sim	ilmia b	ternon de	3 - of a member	
	Sign	KIRENIA HERN	•		
		KINLING HERA	THE PERIOR	113	

Filing Fee: \$25.00