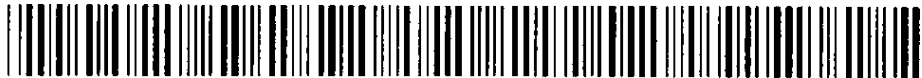


L21000014511

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000323084 3))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : KCO SERVICES, LLC
Account Number : I29299000013
Phone : (954)744-6605
Fax Number : (833)648-2730

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

Email Address: profit4lvnzla@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
P4LCOLLECTION LLC**

Certificate of Status	0
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STATE OF FLORIDA

2023
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S-REGISTRYS

SEP 20 2023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

P410COLLECTION LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/19/2021 and assigned
Florida document number 121000014511.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Blank lines for entering principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blank lines for entering mailing address.

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office address here:

Name of New Registered Agent:

Blank line for entering name of new registered agent.

New Registered Office Address:

Blank line for entering new registered office address.

Enter Florida street address

City, Florida Zip Code

City

Florida

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.

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	Nayivette Maria Chabeb Ramos	8800 NW 36TH ST APT 4416 DORAL, FL 33178	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jorge Martin Echeverria Pulido	221 SW 12TH ST APT 823 MIAMI, FL 33130	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

