LOG 000065743

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Aprind, 8/10/21

COVER LETTER

TO: Registration Se Division of Cor			
VIS	110		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Phyllis Repp	Pen CD Successor To Name of Person	-uster
		Firm/Company	
	13525 HMY	Address	
	Panama City	F1 32409 City/State and Zip Code	
	Phyllis reppendent E-mail address:	City/State and Zip Code O Mail. Com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Phyllir R Name o	eppen f Person	at (870) Z58-1 Area Code Daytim	4046 e Telephone Number
Enclosed is a check for the	ne following amount:		
₩\$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KJS, LLC.				
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)		
The Articles of Organization for this Limited Liability Company were filed on 06/28/2006				
Florida document number L06000065743	 ·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	7A SE 20		
Principal office address MUST BE A STRE	ET ADDRESS)	TEB 26		
		SE SE		
Enter new mailing address, if applicable:				
(Mailing address MAV RE A POST OFFICE ROY)		027		
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	ess here:	or records, enter the name of the new reg		
Name Provintered Office Address:	13522 Highway 77			
New Registered Office Address:	Enter	Florida street address		
	Panama City	, Florida ³²⁴⁰⁹		
	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.

To 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>	Name	Address	Type of Action
MGR	Carolyn Cannon	3705 Mariner Drive	
		Panama City, Fl 32408	≣Remove
			□Change
MGR	Phyllis Reppen	13522 HWY 77	= Add
		Panama City, FL 32409	□Remove
			□Change
			Remove
		-	☐ Change
			□Add
			□Remove
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f an effective date Note: If the da	if other than the is listed, the date mu the inserted in this b active date on the I	ist be specific an lock does not	nd cannot be price meet the appli	or to date of filing cable statutory	or more than 90	(optional) days after filing nents, this date	.) Pursuant to 605	5.0207 ed as
e record specific d is filed.	es a delayed effecti	ve date, but no	ot an effective	time, at 12:01 a	a.m. on the earl	icr of: (b) Tl	nc 90th day afte	r the
Dated			·					
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THE CO. CO.

File # 2021010334 BK 4363, PG: 25 Pages: 1 of 2 Recorded 2/12/2021 1:30 PM Bill Kinsaul, Clerk, Bay County, FL Deputy Clerk KB Trans # 1655685

AFFIDAVIT OF TRUSTEE

STATE OF FLORIDA COUNTY OF BAY

BEFORE ME, the undersigned authority personally appeared, PHYLLIS REPPEN, who being duly placed under oath, testified as follows:

- 1. That my name is PHYLLIS REPPEN and I am serving as Trustee of the CAROLYN CANNON REVOCABLE TRUST dated April 24, 1997, and amended and restated on January 8, 2021.
- 2. That the trust is known as the CAROLYN CANNON REVOCABLE TRUST dated April 24, 1997, and amended and restated on January 8, 2021, (the "Trust") which remains in full force and effect.
- 3. That I serve as Trustee of the Trust and that the Trust specifically provides full power and authority to convey any real property interest of the Trust pursuant to Article 12 described in the Trust.
- That the Grantor of the Trust, CAROLYN CANNON, died January
 2021. A true and correct copy of the death certificate is attached hereto.

FURTHER AFFIANT SAITH NOT.

PHYLLIS REPPEN, Trustee of the CAROLYN CANNON REVOCABLE TRUST dated April 24, 1997, and as amended and restated on January 8, 2021

STATE OF FLORIDA COUNTY OF BAY

The foregoing instrument was acknowledged before me this <u>29</u> day of January, 2021, by PHYLLIS REPPEN, Trustee of the CAROLYN CANNON REVOCABLE TRUST dated April 24, 1997, and as amended and restated on January 8, 2021, who (notary must check applicable box):

is personally known to me.	
produced a current Florida	driver's license as identification, License
No. <u>2150-670-43-568-0</u>	
produced	as identification.

(NOTARY SEAL)

SRYSTAL J SARTAIN

Notary Public - State of Florida

Commission # GG 930110

My Comm, Expires No. 7, 2023

(Print Name of Notary)
Notary Public

Serial # ____

My Commission Expires:_

MEMBERSHIP INTEREST ASSIGNMENT SEPARATE FROM CERTIFICATE

Carolyn Cannon Tr ("the Company"), Do Cannon on the book , and	reby sells, assigns, and ust, as a gift, all of the ocument Number L060 as of the Company and constitutes and appoin	units of membership 00065743, standing in represented by the at its all shares to Caroly	interest of KJS, LLC the name of Carolyn tached Certificate No. in Cannon as attorney-
in-fact to transfer the full power of substitu	se units of membership tion.	interest on the books	of the Company, with
Dated on September 1	21, 2020.		
Signed in the presence	e of:	<i>/</i> ?	

Witness: Catherine M. Ford
Presence: Physical V Online

Witness: Krystal J. Sartain
Presence: Physical — Online