## 117000141473

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
5		

Office Use Only



900311996329

04/17/18--01028--027 \*\*25.00



## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	KELLY KU	HLOW HOLDINGS LLC		
ochieci.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		KELLY KUHLOW		
			Name of Person	<del></del>
		<del></del>	Firm/Company	
		1229 CANTERBURY DR		
			Address	
		FORT MYERS, FL 33901		
		KLKUHLOW@YAHOO.C	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
KELLY KU	HLOW			
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	many as if now appears on our rec	cords.)
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	,
The Articles of Organization for this Limited Liability Compared Florida document number L17000141473	ny were filed on <u>6/29/217</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del>, , , , , , , , , , , , , , , , , , , </del>	. 4
(Principal office address MUST BE A STREET ADDRESS)		
	-	ALLI SECTION
		ARR ARR
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	SS
(Mailing address MAY BE A POST OFFICE BOX)		in C
		55 2
		) 10x
B. If amending the registered agent and/or registered		ords, enter the name of the ne
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
Nov. Bogistared Office Address.		
New Registered Office Address:	Enter Florida street ad	ldress
		, Florida
<del> </del>	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

KELLA KITHI OM HOLDINGS LLC

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>	Type of Action
AMBR	KELLY L. KUHLOW	1229 CANTERBURY DRIVE	☐ Add
	•	FORT MYERS, FL 33901	□ Remove
			☐ Change
AMR	KELLY L. BRAWNER	1229 CANTERBURY DRIVE	
		FORT MYERS, FL 33901	Remove
			☐ Change
	<del></del>	- 1 11 11 11 11 11 11 11 11 11 11 11 11	Add
		<del></del>	Remove
			Change
			Add
		<del></del>	Remove
			☐ Change
		Add	
			Remove
			□ Adđ
			Remove
			☐ Change

		<del></del>		
				<del></del>
<del> </del>	<del>,,</del>	· · · · · · · · · · · · · · · · · · ·		<del></del>
		,		
	<del></del>		······································	
				ALS: FBI
	<del></del>			IB APR
<del> </del>				ASSE
				m <sub>C2</sub>
				<u> </u>
			<u> </u>	<del> </del>
ffective date, if other than that an effective date is listed, the date in	he date of filing:		(0	ptional)
ote: If the date inserted in this	block does not meet to	he applicable statuto	ling or more than 90 days a ory filing requirements,	ofter filing.) Pursuant to 605.02 this date will not be listed a
ocument's effective date on the	Department of State's	s records.		
e record specifies a delay The 90th day after the re		but not an effe	ctive time, at 12:0	1 a.m. on the earlier
ated	20	18		
16 1		<del></del> •		
			sentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00