

102 0000016597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

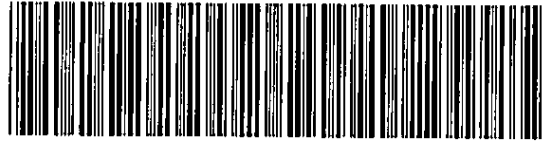
(Business Entity Name)

(Document Number)

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AUG 22 2019

R. WHITE

AUG 22 2019

2019 AUG 16 PM 12:47

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## COVER LETTER

Registration Section  
Division of Corporations

**SUBJECT:** KING'S BAY CONSTRUCTION, L.L.C.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL D. KING

\_\_\_\_\_  
Name of Person

KING'S BAY CONSTRUCTION, L.L.C.

\_\_\_\_\_  
Firm/Company

P.O. BOX 37122

\_\_\_\_\_  
Address

PANAMA CITY, FL 32412

\_\_\_\_\_  
City/State and Zip Code

TABITHA@KBCPC.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL D. KING

850

527-3034

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:**

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**

KING'S BAY CONSTRUCTION, L.L.C.

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

2019 AUG 16 PM 12:47

The Articles of Organization for this Limited Liability Company were filed on 07/01/2002 and assigned  
Florida document number L02000016597.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: PAUL D. KING

New Registered Office Address: 9622 N. BEARFOOT BLVD.

*Enter Florida street address*

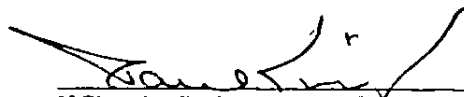
PANAMA CITY, Florida 32404

*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.*

  
\_\_\_\_\_  
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>
MGRM	JACALYN N. KOLK	2225 COCHRAN ROAD	<input type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACALYN N. KOLK	2225 COCHRAN ROAD	<input type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	PAUL D. KING	9622 N. BEARFOOT BLVD.	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FL 32404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAUL D. KING	9622 N. BEARFOOT BLVD.	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FL 32404	<input 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
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated August 13, 2019

Signature of a member or authorized representative of a member

PAUL D. KING

Typed or printed name of signee