## L05000053077

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJECT	KC Manage	ment, LLC		
SOBJEC:			ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspon	ndence concerning this matter t	to the following:	
		Ken Kirkpatrick		
			Name of Person	
		Heritage Management Corp	p.	
			Firm/Company	
		PO Box 2495		
			Address	
		Ocala, FL 34478		
	•		City/State and Zip Code	
		ken@heritagemanagement.i		
		E-mail address: (	to be used for future annual report notifi	cation)
For further	er information o	oncerning this matter, please ca	all:	
Paul Ayo	oub	·	at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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:

î.

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

KC Management, LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number L05000053077	ompany were filed on 5/27/2005	and assigned
Fiorida document number	<b>-</b> ∙	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Mojo Management, LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	<u> </u>	
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Enter new mailing address, if applicable:		<b>7</b>
(Mailing address MAY BE A POST OFFICE BOX)		
		ELLA
		T
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our re ress here:	cords, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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 = M $AMBR = A$	lanager uthorized Member		
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Filing Fee: \$25.00