

LD5000075418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER

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09 DEC -9 AM 8:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

December 4, 2009

To: Florida Department of State Division of Corporation

Enclosed are the forms to amend the Articles of Organization for K & M Insurance Agency LLC.

Daytime Telephone Number: (904)-280-2589

Return Address: 183 Landrum Ln. Suite 103, Ponte Vedra Beach, FL 32082

Thank you,

A handwritten signature in black ink, appearing to read 'Kirsten', with a long, sweeping horizontal stroke extending to the right.

Kirsten Moran

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K & M Insurance Agency LLC
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:

Kirsten Moran
Name of Person

K & M Insurance Agency LLC
Firm/Company

183 Landrum Ln Suite 103
Address

Ponte Vedra Beach, FL 32082
City/State and Zip Code

Kirsten @ moran Financial solutions .com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kirsten Moran at (904) 280 2589
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**

K & M Insurance Agency LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8.2.2005 and assigned
Florida document number L05000075418

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 end with 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)

183 Landrum Ln
Suite 103
Ponte Vedra Beach, FL 32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

183 Landrum Ln
Suite 103
Ponte Vedra Beach, FL 32082

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:

Kirsten Moran

New Registered Office Address:

183 Landrum Ln Suite 103

Enter Florida street address

Ponte Vedra Beach, Florida 32082

City

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09 DEC 05
10 08:16
CLERK OF THE
STATE
TALLAHASSEE
FLORIDA

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 608, 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.

Kirsten Moran
If Changing Registered Agent, Signature of New Registered Agent

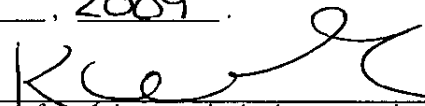
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kirsten M. Portric	10616 Brighton Hill Cir. S Jacksonville FL 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Morgan Q Moran	183 Landrum Ln Suite 103 Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kirsten M Moran	183 Landrum Ln Suite 103 Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Dec. 4th, 2009



Signature of a member or authorized representative of a member
Kirsten Moran

Typed or printed name of signee

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 TALLAHASSEE FLORIDA