

L05 0000 85384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

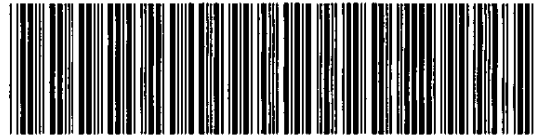
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000156884270

06/11/09--01042--015 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 11 PM 12:23

T. HAMPTON
JUN 12 2009
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KHZ, 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:

Kim Zuccola
Name of Person

KHZ, LLC
Firm/Company

PO BOX 2954
Address

LAKE CITY, FL 32056
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim Zuccola at (386) 867-1106
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**

KHZ, 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 August 29, 2005 and assigned Florida document number L05000085384.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 11 PM 12:23

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:

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 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.

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

Title	Name	Address	Type of Action
MGRM	Lori Zuccola	4743 N US Hwy 441	<input checked="" type="checkbox"/> Add
	VICE-operating Mgr	LAKE CITY FL 32055	<input type="checkbox"/> Remove
Secretary	Lori Zuccola	11	<input checked="" type="checkbox"/> Add
	Secretary		<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
Operating MGR	Kim Zuccola	PO Box 2954	<input type="checkbox"/> Add
		LAKE CITY, FL 32056	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> SAME
Treasurer	Kim Zuccola	11	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> SAME

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

Just want Article 9 - "management" on
KH2-LLC to be exactly what I have
on my KL2-LLC Thank you.
See Attach #1

Dated Co-10, 2009.

Lori Zuccola

Signature of a member or authorized representative of a member

Lori Zuccola

Kim Zuccola

Kim Zuccola

Typed or printed name of signee

Attach #1

ARTICLE 9 - MANAGEMENT

The Company shall be managed by a manager or manager(s) in accordance with regulations adopted by the member(s) for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The names of all such manager(s) who is/are to serve as manager(s) is/are:

Operating Manager: Kim Zuccola

Vice-Operating Manager: Lori Zuccola

Secretary: Lori Zuccola

Treasurer: Kim Zuccola

whose addresses shall be the same as the principal office of the Company.

This is KLZ LLC
would like KHZ LLC
to be same
Thank you -

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 11 PM 12:23



SPIEGEL & UTRERA, P.A.

LAWYERS

www.amerilawyer.com