

LO7000126899

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

D. BRUCE
JAN 20 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KMB Maintenance Services 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:

JAY D. Bassett
Name of Person

KMB Maintenance Services LLC
Firm/Company

250 Palm Castle Drive
Address

Port Orange FL 32127
City/State and Zip Code

danny.bassett@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAY D Bassett at (386) 852-7615
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**

KMB Maintenance Services 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 12/24/2007 and assigned Florida document number LO7000126899

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)

250 PALM CASTLE DRIVE
Port Orange FL 32127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

250 PALM CASTLE DRIVE
Port Orange FL 32127

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:

United States Corporation Agent

New Registered Office Address:

320 S. FLAMINGO ROAD

Enter Florida street address

Pembroke Pines

City

Florida

33027

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kathleen M Burke	10 Florida Park Drive W Sk 01 Palm Coast FL 32137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jay D. Bassett	250 Palm Castle Drive Port Orange FL 32127	<input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

1/11/2011

Kathleen M Burke

Signature of a member or authorized representative of a member

Kathleen M Burke

Typed or printed name of signee

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TALLAHASSEE, FLORIDA