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COVER LETTER

TO: Registration Section Division of Corporations

FRANKLIN DESIGN - A KPM/KMF JOINT VENTURE LLC

SUBJECT:

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:

JOSEPH H. MORGAN

Name of Person KZF DESIGN LLC DBA KMF ARCHITECTS

Firm/Company

1401 EDGEWATER DRIVE

Address

ORLANDO, FL 32804

City/State and Zip Code JOE@KMFARCHITECTS.COM

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

For further information concerning this matter, please call:

JOSEPH H MORGAN	407	298-1988
	at ()
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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 2664 Executive Center Circle Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franklin Design - A KPM / KMF Joint Venture 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 February 7, 2008 and assigned Florida document number L08000014378

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 "LLC."

Enter new principal offices address, if applicable:	č~_ď
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
	6

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		. 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, <u>cater the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> STEVEN PRECOURT	<u>Address</u> 1368 E. VINE STREET	Type of Action
MGRM			Add
		KISSIMMEE, FL 34744	E Remove
			Change
MGR	ROBERT MARTIN MOON	1012 EMMETT STREET, SUITE A	Add
·····		KISSIMMEE, FL 34741	
		· · · · · · · · · · · · · · · · · · ·	Remove
		······	Change
AMBR	JOHN KELLY	1012 EMMETT STREET, SUITE A	🗆 Add
		KISSIMMEE, FL 34741	
			Remove
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			Change

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

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

NOVEMBER 19 Dated	2019	
A		
<u> </u>	ature of a member or authorized representative of a member	
JOSEPH H. MORGAN		
	Typed or printed name of signee	

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Filing Fee: \$25.00