

208000018421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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JUL 27

AM 10:59

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AUG - 2 2018

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ki-Li Associates, 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 L. Morris

Name of Person

Ki-Li Associates, LLC

Firm/Company

18930 Balmore Pines Lane

Address

Cornelius, NC 28031

City/State and Zip Code

kmorris76@comcast.net

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

For further information concerning this matter, please call:

Kim Morris

708

8265096

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth R. Ringbloom	760 N. Frontage Rd. #101	<input type="checkbox"/> Add
		Willowbrook, IL 60527	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kim L. Morris	18930 Balmore Pines Lane	<input checked="" type="checkbox"/> Add
		Cornelius, NC 28031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	Lisa I. Howard	399 Gulf Shore Blvd. S	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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