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(Re	questor's Name)	
- (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	:





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>R</u> F	PCB Hold ive	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Larv Deter RFPC	Name of Person Vaccinition of Tex is B Holdings	Reliet Consultants
		Clear Cany on	
	Hix	Son TN 37	1343
	E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	o ('C. Wi
For further information c	oncerning this matter, please ca	all:	
Name o	OCKS of Person	at (1423) E13 Area Code Daytime	- 9336 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
M.:Ni + 13		Strant Addrase	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KFRCB HOLDING	S. LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number	\mathcal{D}	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	•	
Determination Tax Reli The new name must be distinguishable and contain the words "Limited Liabil	ef Consultants,	LLC
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	483 Clear Ca Hixson, TN	nyon Dr.
(Principal office address MUST BE A STREET ADDRESS)	Hixson, TN	37345
Enter new mailing address, if applicable:	SANIE AS Pr ABOVE	irapal Address
(Mailing address MAY BE A POST OFFICE BOX)	ABOVE	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the nan	ne of the new registered
agent and/or the new registered office address here:		201 Sit.
Name of New Registered Agent:	No change	2019 DE
New Registered Office Address:		7
	Enter Florida street address	₹ III 9 J
	Florida	9
	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 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>	Address	Type of Action
MGR	Larry Rooks	483 Clear Canyon D	<u>C</u> □Add
		14. xson TN 37343	
			Change Add vess
AMBR	Mary Ann Rocks	483 Clear Canyon De	<u>·</u> □Add
		Hixson, TN 3734	
			ZChange Addv&c
			DAdd
			□Remove
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If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ive date, if other than the date of filing: \(\sum_{\text{C}} \sum_{\text{V}} \sum_{\text{V}} \sum_{\text{C}}
Effect	ive date, if other than the date of filing: \(\sum \frac{1}{20} \) \(\sum \f
NIIII :	If the date inserted in this grown warming it
docum	nent's effective date on the Department of State's records.
L.,	rd 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
ord is fi	led.
	5 10 17 7 70 10
Dated	Occimility 12, 2019. Lea C. Rocks Signature of a member or authorized representative of a member
	Land Rocks
	Larry C. Rocks Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00