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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KHB Sales + May Kitna (LC) 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:
Kay Beyey  Name of Person
KHB Sciles + Marketing LLC Firm/Company
1902 NW 56th Terrace
Ocala FL 34482
City/State and Zip Code  L
For further information concerning this matter, please call:
Kayl Bayer at (352) 443.0853  Name of Person at (352) 443.0853  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KHB Sales + Market	ng IIC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as-lt now appears on our records.) dability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4 C100048954.	were filed on $0.5   20   2009$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	imited liability company here:    Section of the designation "LLC" or the abbreviation "LLC."     DRESS    Section of the designation "LLC" or the abbreviation "LLC."     DRESS    Section of the new lighter of the new ligh
Enter new principal offices address, if applicable:	/
(Principal office address MUST BE A STREET ADDRESS)	
	Second
Enter new mailing address, if applicable:	JEE MAIING AUGUESS
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
provisions of all statutes relative to the proper and complete	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager

<u>Title</u>	Name	Address	Type of Action
MGR	Bostian Shroeder	3 Ravidan River Rd	Add
		Califon NJ 07830	Remove
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If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	,
nige.	Please uplate mailing address	<u>to:</u>
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ffect	ive date, if other than the date of filing: (optional)	
i an efi	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	
	nent's effective date on the Department of State's records.	
		1
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the secord is filed.	earlier of
1110	Sour day arter the record is filed.	1
Dated	April 9 . 2019.	
	1001 9 - 2011 The 1	
	Signature of a member or authorized representative of a member	<u> </u>
	KARL H BEYER	•
	Typed or printed name of signee	<del></del>

Page 3 of 3

Filing Fee: \$25.00