

L09000069298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



300201834373

04/20/11--01013--004 **30.00

FILED
11 APR 20 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIOS 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:

MARIA-ISABEL CAMPOS-GORDON

Name of Person

KIOS LLC

Firm/Company

907 N. WILSON AVE.

Address

BAROW, FL 33830

City/State and Zip Code

KIOSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA- ISABEL CAMPOS-GORDON

Name of Person

at (863)

401-5760

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**

KIOS 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 7/20/09 and assigned
Florida document number L09000069298.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

, 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 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>
_____	_____	_____	<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

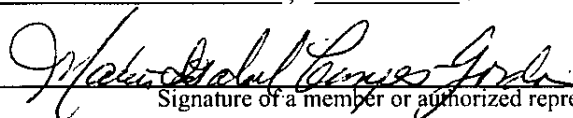
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ASSIGNMENT OF MEMBERSHIP INTEREST TO 100% OWNERSHIP

MEL GORDON AND MARIA-ISABEL CAMPOS-GORDON AS HUSBAND

AND WIFE IN AN ESTATE BY THE ENTIRETIES.

Dated APRIL 13, 2011.



Signature of a member or authorized representative of a member

MARIA-ISABEL CAMPOS-GORDON

Typed or printed name of signee

Assignment of Membership Interest
in a Limited Liability Company

The undersigned "Assignor(s)" hereby assigns 100 % of his/her/its interest in the limited liability company, KEOS LLC to the following "Assignee(s)":

☐ Mel J Gordon and Maria-Isabel Campos Gordon as husband and wife in an estate by the entirety

☐ _____ and _____ in equal shares

☐ _____

Assignor(s):

Maria-Isabel Campos Gordon

The undersigned Assignees hereby accept this assignment and agree to be bound by the Operating Agreement and other rules and regulations of the company.

Address(es) and taxpayer identification number(s) of Assignees:

Assignee(s):

Mel J Gordon
