

L09000075321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

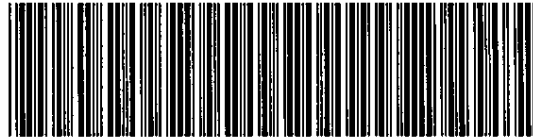
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TALLAHASSEE FLORIDA

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CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2015

KERRY COLLINS
550 PALERMO VISTA CT
LONGWOOD, FL 32750

SUBJECT: KC & LC ENTERPRISES, LLC
Ref. Number: L09000075221

We have received your document for KC & LC ENTERPRISES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration Section.

Letter Number: 115A00007865

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

15 MAY -5 AM 10:00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KC & LC ENTERPRISES, 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:

Kerry Collins

Name of Person

POE Power of Education

Firm/Company

550 Palermo Vista Court

Address

Longwood, FL 32750

City/State and Zip Code

kdcoll@yahoo.com

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

For further information concerning this matter, please call:

Kerry Collins

Name of Person

at (407)

Area Code

474-4705

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

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2015 MAY - 1 PM 4:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KC & LC ENTERPRISES, 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 08/05/2009 and assigned
Florida document number L09000075221.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

POE POWER OF EDUCATION, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

550 PALERMO VISTA COURT

(Principal office address MUST BE A STREET ADDRESS)

LONGWOOD, FL 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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 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, 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2018 MAY 1 PM 4:13
CLERK OF DISTRICT COURT
HALL COUNTY, MISSOURI

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Kenny Collins
Signature

Signature of a member or authorized representative of a member

Kerry Collins

Typed or printed name of signee

Pursuant to 605.0207 (3)(b),
will not be listed as the
on the earlier of:
PH 4:13
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MAY -
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COURT
FLORIDA