L09000108760

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200332679882

08/09/19--01004--030 **25.00

AUG 14 2019 S. YOUNG FILED

19 AUG -9 PH 6:54

SECRETARY OF STATE
MAINANASSEE, FLORIDA

COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	Kenneth R C	arman Management LLC		
	•	Name of Limit	ed Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	dence concerning this matter to	the following:	
		Annika Carman		
			Name of Person	
		Kenneth R Carman Manage	ment LLC	
			Firm/Company	
		PO Box 221453		
			Address	
		Hollywood, FL 33022		
			City/State and Zip Code	
		acarman@krcmanagement.co		
		E-mail address: (to	be used for future annual report notific	ation)
For further in	formation cor	ncerning this matter, please cal	l:	
Annika Carm	nan		954 873-6062 at () Area Code Daytime	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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:

TO:

Registration Section

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

Kenneth R Carman Management LLC	
(<u>Name of the Limited Liability Compar</u> (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 L09000108760	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
	SE
Inter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	000000 0000000000000000000000000000000
	
 If amending the registered agent and/or registered off egistered 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

Title	<u>Name</u>	Address	Type of Action
MGR	Kenneth R Carman	PO Box 221453 Hollywood, FL 33022	■ Add
			☐ Remove
			Change
			Add
		 	□ Remove
			☐ Change
			Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			
			□ Remove
			Change
			
			Remove
			☐ Change

					
					
			·		
	-				
			. <u>-</u>		
				 .	
				· · · · · · · · · · · · · · · · · · ·	
- "			·		
		····			
			 		
fan effective d <u>Note:</u> If the o	te, if other than the date ate is listed, the date must be sp date inserted in this block de ffective date on the Departr	pecific and cannot be prior oes not meet the applic	to date of filing or meable statutory filin	(optional) ore than 90 days after filing.) g requirements, this date w	Pursuant to 605,0207 ill not be listed as
ne record s The 90th	pecifies a delayed effe day after the record i	ective date, but no s filed.	ot an effective t	ime, at 12:01 a.m. o	n the earlier o
Dated	August 7	2019			
	AL.	2	 -		
	H C	Juman	<u> </u>		
_	Signa	ature of a member or auth	orized representative	of a member	<u>. </u>

Page 3 of 3

Filing Fee: \$25.00