L09000113612

(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			•
CUD ID		ompany, LLC		
SUBJEC	JI:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Mark Conklin		
			Name of Person	
		Karan & COmpany, LLC		~ ;
			Firm/Company	••
		730 Glade Rd.		1 183
			Address	
		Titusville, FL		`.
			City/State and Zip Code	 ;
		karan.companyllc@gmail.c	om to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	·	uncation)
Mark Co	onklin		321 264-1358	
-1	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$2 5.	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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Solivision of Co The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karan & Company, 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 11/30/2009 ____ and assigned Florida document number L09000113612 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

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>	Type of Action
MGR	Karan Conklin	730 Glade Rd	□Add
		Titusville, FL 32780	JRemove
			□Change
			
			-
			Change
17-4			□ Add
			□Remove
			□ Change
			Remove
			Change
			□Remove
			□Change

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		10/31/2020			
Flective date, if othe an effective date is listed,			to date of filing or more th	(optional) an 90 days after filing.) Pursuant to 6	: 05.020
	ed in this block doe	s not meet the applica		uirements, this date will not be l	
edificity s effective da	te on the Departine	int of State's records.			
record examines a dala	und affactive data. I	hut nat un affactiva tic	no et 12:01 e m en the	a and in a first of the The Web down	flor the
is filed.	yed effective date, t	our not an effective in	nc, at 12.01 a.m. on un	e earlier of: (b) The 90th day at	ner un
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ated <u>Octobe</u>	r 31	2020			
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	_	Conklin	rized representative of a r	nember	

Filing Fee: \$25.00