

L100000043444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

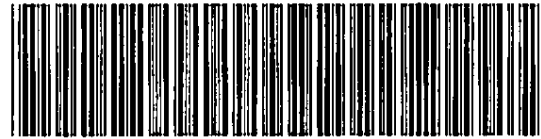
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PLLC pickup - C

2/22

Office Use Only



100396927011

11/15/22--01019--007 4:25:01

RECEIVED

2023 FEB 22 11 7:31

FEB 24

J. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2023

KBAUER FINANCIALS, LLC
PO BOX 755
HAINES CITY, FL 33845

SUBJECT: KBAUER FINANCIALS, LLC
Ref. Number: L10000043444

We have received your document for KBAUER FINANCIALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 723A00003344

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KBAUER FINANCIALS 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:

KARINE BAUER
Name of Person

KBAUER FINANCIALS LLC
Firm/Company

PO BOX 755
Address

HAINES CITY FL 33845
City/State and Zip Code

kbauev@kbfinancials.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARINE BAUER at (863) 430 8165
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KBAUER FINANCIALS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 FEB 22 11:17:38
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

The Articles of Organization for this Limited Liability Company were filed on 04/22/2010, and assigned
Florida document number L10000043444.

This amendment is submitted to amend the following:

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

KBAUER LAW PLLC
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:

(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

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

legal services

E. Effective date, if other than the date of filing: 11/29/2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/29/22

KARME BAUGER
Signature of a member or authorized representative of a member

KARME BAUGER
Typed or printed name of signee

Filing Fee: \$25.00

2022 FEB 22 PM 7:32
FILED
1-000007