L10000095885

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10 OCT -6 PM 4: 09

SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

Division of Corporations	
SUBJECT: K 7 K CONT	antino
	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:
Korri L	owery and Chris Mccomick Name of Person
·	Firm/Company
•	1
1001 C	ngo Circle Address
<u>Oviedo</u>	City/State and Zip Code Kori Lowery The Amail.com dress: (to be used for future annual report notification)
E-mail ac	dress: (to be used for future annual report notification)
For further information concerning this matter, p	
Kerri Leuch or Chris Mc	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	·
\$25.00 Filing Fee S25.00 Filing Fee Certificate of St	
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



October 6, 2010

KORRI LOWERY 1001 LINGO CIRCLE OVIEDO, FL 32765

SUBJECT: K & K CONTRACTING L.L.C.

Ref. Number: L10000095885

We have received your document for K & K CONTRACTING L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only (1) person can be the Registered Agent.

The title(s) you have listed for the manager(s) or manager member(s)is/are not acceptable. You must insert the letters "MGR" for each manager or the letters "MGRM" for each managing member listed.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 810A00023674

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K& Cunt	ractins	L.L.C.		7-6 PH 4: 09	
(A Fl	orida Limited L	iability Company)	records.)		
The Articles of Organization for this Limited Liabi	ility Company	were filed on 9/1	4/10	_ and assigned	
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liabi	lity company here:			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limit	ed Liability Company," the	designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable	e:	101 Lingo	Circle		
(Principal office address MUST BE A STREET A	ADDRESS)	oviedo Fl	32765		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Oviedo, Pl 32765			
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, enter the	name of the new	
f			01	.44 0 1	
Name of New Registered Agent:				McComick	
New Registered Office Address:	1001	ingo Circle Enter Flori	da street addres	<u> </u>	
Ovic		Enter Flori City	, Florida	12745 7in Code	
New Degistered Agent's Signature if changing Dog		City	4	ыр Соае	

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

Page 1 of 2

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 **Title Type of Action** <u>Name</u> Address 19 Add ☐ Remove Remove aurie McCornick ∏Add Remove Winsome Clarke D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Page 2 of 2

Typed or printed name of signee

gnature of a member or authorized representative of a member

Filing Fee: \$25.00