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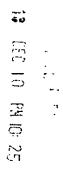
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| (21)/2012/2017 |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| SUBJECT: | K 4 T Co | onstruction ited Liability Company | LLC |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | ndence concerning this matter | to the following: | |
| | Leona | rd M Wi Name of Person | 1+ |
| | | Firm/Company | |
| • | 675 Ch. | Address FL 335 City/State and Zip Code I Kt construct to be used for future annual report notifi | d East |
| | Lakelana | FL 335 City/State and Zip Code | 813 |
| | V Keeley & | I Kt construct to be used for future annual report notif | ion, com |
| For further information c | oncerning this matter, please co | | |
| Vinny Ket | f Person | at (<u>843)</u> <u>698</u> C Area Code Daytime | 1537 Telephone Number |
| Enclosed is a check for th | ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | struction, LLC | |
|--|---|--------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida I | Company as it now appears on our record Limited Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Co Florida document number <u>L1100013163</u> | ompany were filed on $11/8/26$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | 40 |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRE | ESS) | |
| | | |
| | | ای س |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre | | s, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres, | s |
| | , Flo | orida |
| | 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> | Type of Action |
|--------------|--------------------|--|--------------------|
| MGRM | Vincenzo A. Kreley | 6541 Heritage Park Pl Lakeland FL 33813 | [D -Add |
| | | Lakeland FL 33813 | □ Remove |
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| ective date, if other than the date of filing: | |
| | be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 applicable statutory filing requirements, this date will not be listed |
| ument's effective date on the Department of State's r | records. |
| record specifies a delayed effective date. | out not an effective time, at 12:01 a.m. on the earlier |
| he 90th day after the record is filed. | out not an effective time, at 12.01 a.m. of the earner |
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| $\operatorname{ed} \left[\mathcal{A}^{-} \right]$ | 318 |
| | |
| | or authorized representance of a member |

Page 3 of 3

Filing Fee: \$25.00