12000545

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EXAMINER



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SECRETARY OF STREET
ALLAMASSEF, FILERIA

COVER LETTER

Division of C		? <u>*</u>		,
SUBJECT:	KBL SE	ERVICES, LLC		
·.		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		KENNY BLANCO		-
		Name of Person		
	ŀ	KBL SERVICES, LLC		
		Firm/Company		,
	824 N	MAPLE FOREST AVEN	UE	_
		Address		-
		MINNEOLA, FL 34715		
		City/State and Zip Code		
,	KBNE	GOCIOS@YAHOO.CC to be used for future annual report	OM (notification)	
For further information	concerning this matter, please of		indifferential	
KE	NNY BLANCO	at (_352_)	396-4616	
Name of Person			aytime Telephone Numbe	г
Enclosed is a check for	the following amount:			
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc.)	losed) Certified	ate of Status &

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

KBL SERVICES,	s, LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability)	now appears on our records. Company)		
The Articles of Organization for this Limited Liability Company were fi	filed on and assigned		
Florida document numberL1200005545			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited liability con	ompany here:		
The new name must be distinguishable and end with the words "Limited Liab" "L.L.C."	bility Company," the designation "LLC" or the abbrevia		
Enter new principal offices address, if applicable:	the l		
(Principal office address MUST BE A STREET ADDRESS)	\$1 in 12		
	7		

Enter new mailing address, if applicable:	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
(Mailing address MAY BE A POST OFFICE BOX)	CB (% = (-)		
	56		
B. If amending the registered agent and/or registered office aderegistered 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 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 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 **Type of Action** Title <u>Name</u> Address MGRM CODY LANE 824 MAPLE FOREST AVENUE ✓ Add MINNFOLA FL 34715 Remove ☐ Add ☐ Remove ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 22** 2012 Dated ___ Signature of a member or authorized representative of a member KENNY/BLANCO Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00