

L12000017576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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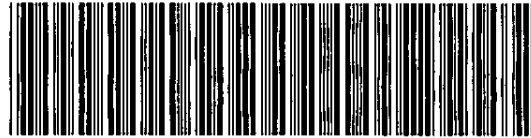
(Business Entity Name)

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J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KIS Events, 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:

Kimberley Schnepf

Name of Person

KIS Events, LLC

Firm/Company

1664 Swimming Salmon Place South

Address

Jacksonville, FL 32225

City/State and Zip Code

info@kisevents.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberley Schnepf

904 708-7001

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

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 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

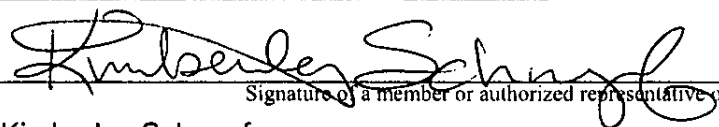
Page 1 of 3

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 15, 2014



Signature of a member or authorized representative of a member
Kimberley Schnepf

Typed or printed name of signee

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