## 420000 20741

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## **COVER LETTER**

Division of Corpo	orations				
KC DRISC F	HOLDINGS LLC				
Name of Limited Liability Company					
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return all correspond	dence concerning this matter t	to the following:			
	Kevin I. Driscoll				
		Name of Person	<del></del> -		
		Firm/Company			
	8825 Perimeter Park Blvd.,	Ste 604			
		Address			
	Jacksonville, FL 32216				
		City/State and Zip Code			
	KDRISC57@GMAIL.COM				
	E-mail address: (to	o be used for future annual report notifica	ation)		
For further information con	ncerning this matter, please ca	II:			
Kevin I Driscoll		904 620-9993			
Name of F	Person	at () Area Code Daytime T	elephone 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:

TO:

**Registration Section** 

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

KC Drisc Holdings LLC		
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on February 10, 2012	and assigned
Plorida document number L 12000020741	_•	
this amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
DRISC HOLDINGS LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRI	<u> </u>	
	<u>.</u>	亦
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
naming dataress may be a rost of rice box		
		<del></del>
3. If amending the registered agent and/or registered agent and/or the new registered office addresses		the name of the
egistered agent and of the new registered office additi	ess nere.	
Name of New Registered Agent:		<u>-</u>
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

If an ending 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>	Address	Type of Action
MGRM	Catherine U. Driscoll		
		8175 Summit Ridge Lane, Jacksonville, FL 32256	■ Remove
		<del> </del>	Change
			Add
			☐ Remove
			Change
			□ Add
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Note:	October 30, 2018  ve date, if other than the date of filing:	onal) r filing.) Pursuant to 605.020 is date will not be listed as
e re The	ord specifies a delayed effective date, but not an effective time, at 12:01 and 90th day after the record is filed.	a.m. on the earlier o
Dated	Ocross 30 m. 2018	
	U Lak	

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Typed or printed name of signee

Filing Fee: \$25.00