L12000110761

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2017

RONALD E FERRELL 3409 GOLDIE LN NAPLES, FL 34112

SUBJECT: K & R SUBSIDIARIES LLC.

Ref. Number: L12000110761

We have received your document for K & R SUBSIDIARIES LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign, and print name of signee.

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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 417A00022398

2017 WBY 21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florida L.	Company as it now appears on	our records,)		
(A Florida Li	imited Liability Company)	 ·		
The Articles of Organization for this Limited Liability Con	npany were filed on <u>Aw</u>	Ust 8, 2012	and ass	signed
Florida document number 4 12000110 76/		,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbr	eviation "L	.IC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	(SS)			
			_ =:1	
		<u> </u>		
Enter new mailing address, if applicable:		<u>.</u>		4
(Mailing address MAY BE A POST OFFICE BON)		· · · · · · · · · · · · · · · · · · ·	; <u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>	•
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				• • •
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		r records, <u>enter t</u>	he name	of the ne
Name of New Registered Agent: Re	auld E. Feirell	<i>i</i>		
Stand Davidsonad (2005) - Addisona				
New Registered Office Address:	Enter Florida s	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.

f 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 Type of Action <u>Address</u> Name. Title , MGR Renald E. Ferrell _□ Add □ Remove Change MGRM Kathleen S. Fecrell ☐ Remove □ Remove ¹ __ Change DF∧dd ☐ Remove ☐ Change _□ Add □ Remove _□ Change _□ Add □ Remove

☐ Change

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	· ::
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and camot be prior to date of filing: If the date inserted in this block does not meet the applicable statute occument's effective date on the Department of State's records.	(optional) ding or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
Dated	esentative of a member

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Filing Fee: \$25.00