

L12000113924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

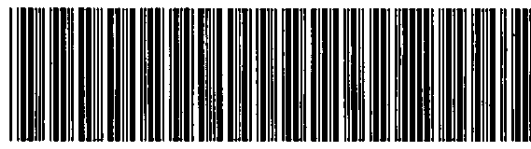
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 16 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KNPMAC, 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:

Manny Kamkutis

Name of Person

KNPMAC, LLC

Firm/Company

2440 SR 580 Suite 13A

Address

Clearwater, FL 33761

City/State and Zip Code

bluesmokeclearwater@gmail.com

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

For further information concerning this matter, please call:

Manny Kamkutis

727 796-3777
at ()

Name of Person

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

KNPMAC, LLC

The Articles of Organization for this Limited Liability Company were filed on 09/05/2012 and assigned Florida document number L12000113924.

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

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>	<u>Type of Action</u>
MGR	Paul MacLaren	2263 Claiborne Dr.	<input type="checkbox"/> Add
		Clearwater, FL 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Emmanuel C. Kamkutis	2874 Chancery Ln	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 MAY 13 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 18 PM 3:00
DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED
16 MAY 18 PM 3:04
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/10/16, _____

Emmanuel C. Kambhutsi

Typed or printed name of signee