

LI2000115555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

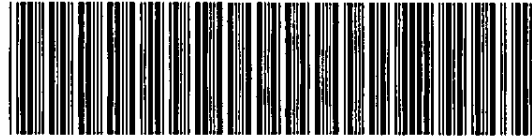
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400280665594

01/11/16--01010--007 **25.00

FILED

2016 JAN 11 A 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 12 2016

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KELLY N KRIS SEAFOOD, 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:

KELLY R PROBST

Name of Person

KELLY N KRIS SEAFOOD, LLC

Firm/Company

958 VILLAGE TRAIL

Address

PORT ORANGE, FL 32127

City/State and Zip Code

kelly_probst@hotmail.com

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

For further information concerning this matter, please call:

KELLY R PROBST

760 815-8660
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KELLY N KRIS SEAFOOD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/10/2012 and assigned
Florida document number L12000115550.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

958 VILLAGE TRAIL (APT 411)

(Principal office address MUST BE A STREET ADDRESS)

PORT ORANGE, FL 32127-4729

Enter new mailing address, if applicable:

958 VILLAGE TRAIL (APT 411)

(Mailing address MAY BE A POST OFFICE BOX)

PORT ORANGE, FL 32127-4729

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:

958 VILLAGE TRAIL (APT 411)

Enter Florida street address

PORT ORANGE, Florida 32127-4729

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

FILED
2016 JAN 11 A 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	KRIS A. PROBST		☐ Add
		2625 COURTLAND, DELTONA, FL.	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2016 JAN 11 A 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JANUARY 6, 2016

Signature of a member or authorized representative of a member 1/6

KELLY R. PROBST

KELLY R. PROBST

Typed or printed name of signee

FILED
2016 JAN 11 A 11:43
CLERK OF STATE
JUDICIAL OFFICE
TALLAHASSEE, FLORIDA