

LI3000071988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

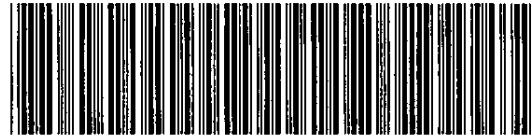
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Amend*

Office Use Only



300251012023

2013 AUG 28 AM 9:51  
J. SAULSBERRY  
EXAMINER

08/27/13--01019--003 \*\*25.00

J. SAULSBERRY  
EXAMINER  
AUG 29 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KS LAND SERVICES 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:

KASON S. SUNDBERG  
Name of Person

KS LAND SERVICES LLC  
Firm/Company

12202 S. OLD JONES RD.  
Address

FLORAL CITY FL 34436  
City/State and Zip Code

K.S.LANDSERVICES@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KASON S. SUNDBERG at (352) 302-2849  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2013 AUG 28 AM 9:51  
MAIL ROOM

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

KS LAND SERVICES 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 5-16-13 and assigned Florida document number L13000071988.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

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 608, 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**

**MGR = Manager**  
**MGRM = Managing Member**

MGRM     BRANDON KASKIE     8655 E. HENDERSON TRAIL ☒ Add  
INVERNESS FL, 34450 ☐ Remove

\_\_\_\_\_ Add \_\_\_\_\_

☐ Remove

Address

28 Remove

\_\_\_\_\_ Add

☐ Remove

\_\_\_\_\_ ☐ Add

☐ Remove

\_\_\_\_\_ Add \_\_\_\_\_

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

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Dated Aug 21, 2013.

Kason S Sundberg

Signature of a member or authorized representative of a member

KASON S SUNDBERG

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

FILED  
2013 AUG 28 AM 9:51  
CLERK OF DISTRICT COURT  
STATE OF MONTANA