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SECRETARY OF STATE
TALLAHASSEE, FLORID

Temp 12 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KI CREATIVE PLASTICS OF FLORIDA, LLC.

Name of Limited Liability Company

(NAME CHANGE)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERT R. TROTTER JR.

Name of Person

KII CREATIVE PLASTICS OF FLORIDA

Firm/Company

582 NIXON STREET

Address

JACKSONVILLE, FL 32204

City/State and Zip Code

2rtrotter3@201.com

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

For further information concerning this matter, please call:

ALBERT TROTTER at (904) 923-0409

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

KII CREATNE PLASTICS OF FLORIDA, 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 Compa	any were filed on 10/07/2013 and assigned	
Florida document number <u>L13000141452</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	<u>liability company here</u> :	
KII CREATINE PLASTICS A The new name must be distinguishable and end with the words "Limited I	ND WOOD, LLC.	
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or the appreciation "L.L.C."	•
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SAME SE NO PERE	=
		-
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)	SAME	_
registered agent and/or the new registered office address h Name of New Registered Agent:	here: SAME	_
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	-
·	, Florida	_
	City Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:	
provisions of all statutes relative to the proper and comple		the
accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.		
being filed to merely reflect a change in the registered off company has been notified in writing of this change.		

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

Title	Name	Address	Type of Action
	NO CHANGE	5	Add
		<u></u>	□ Remove
			□ Add
			☐ Remove
			TALLAHASSE TALLAHASSE
			14 MARQ 6 PEREMOVE 4: 29 SEUNETARY OF STATE TALLAHASSEE, FLORID
			
			☐ Remove
			Add
		Remove	
******			☐ Remove

	SAMI	<u> </u>		
(The effecti	e date, if other than the date of filing: ive date must be specific, cannot be prior to date of his document is filed by the Florida Department of 24 MARCH,	f State)	-	nal) ter
	ALBERT Ty	P. TROTT pred or printed name of sign	EQ.	14 MAR 26 PM SECRETARY OF TALLAHASSEE.

Page 3 of 3

Filing Fee: \$25.00