

L13000155647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

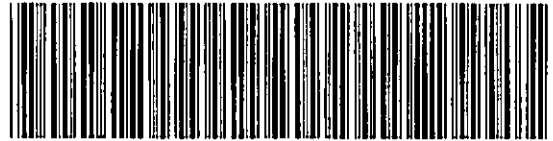
(Business Entity Name)

(Document Number)

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2022 FEB 14 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 23 2022

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: K J KINGFISHER, 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:

THOMAS A SMITH

Name of Person

SMITH, GRAHAM, ELLINGSWORTH & PECARO, PA

Firm/Company

96 NE FOURTH AVENUE

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

STRETCH52749@YAHOO.COM

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

For further information concerning this matter, please call:

THOMAS A SMITH

561

276-7468

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2022 FEB 14 PM 3:09
SECRETARY OF EMERGENCY
TALLAHASSEE, FL

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

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	BRIAN S JOHN	16142 CADENCE PASS	<input checked="" type="checkbox"/> Add
		JUPITER, FL 33478	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KELLY JOHN	16142 CADENCE PASS	<input checked="" type="checkbox"/> Add
		JUPITER, FL 33478	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS A SMITH	96 NE FOURTH AVENUE	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

John Smith

THOMAS A SMITH, MANAGER

Filing Fee: \$25.00