L14000007950

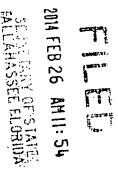
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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FEB 27 2014 D. BRUCE

COVER LETTER

TO:	Registration Section		
	Division of Corporations		

K & S SEAL IT OF SOUTH FLORIDA, LLC

SUBJECT:

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:

_	Name of Person
	JOEL MARCUS, INC.
_	Firm/Company
	676 WEST PROSPECT ROAD
_	Address
	FT. LAUDERDALE, FL 33309
_	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
a	rning this matter, please call:
ner information concer	

Enclosed is a check for the following amount:

Name of Person

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Area Code

□ \$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:

Daytime Telephone Number

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & S SEAL IT OF				
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now apper Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L1400007950</u>	mpany were filed on _	01/15/2014	and assigned	
This amendment is submitted to amend the following:		•		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company	<u>here</u> :		
The new name must be distinguishable and end with the words "Lim	ited Liability Company," tl	ne designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·	obs.	
(Principal office address MUST BE A STREET ADDRI	<u> </u>		201	
			8 man	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		,		
			STATE 51	
		•		
B. If amending the registered agent and/or registored agent and/or the new registered office address.		on our records, <u>ent</u>	er the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
	Cuy		zip Cour	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> **Name** Address **Type of Action** JOY COLSON 6793 PARK LANE EAST MGRM ☐ Add LAKE WORTH, FL 33449 ■ Remove MGRM SCOTT JOSEPHSON 7538 OAK GROVE CIRCLE ■ Add LAKE WORTH, FL 33467 ☐ Remove □ Add ☐ Remove □ Add ☐ Add _□ Remove

amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
.	
-	
ective date, if other than the date of fi effective date must be specific, cannot be prior t date this document is filed by the Florida Depart	illing: (optional) to date of receipt or filed date and cannot be more than 90 days after truent of State)
FEBRUARY 2ND	
	_, }-
Signature of	of a member or authorized representative of a member
	KENNETH COLSON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB 26 AMII: 51