

L14000170654

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2020 MAY 15 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL 32310

MAY 18 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K-12 Consulting Enterprises 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:

Eric A. Pora
Name of Person

Firm/Company

1809 Fort Duquesne Dr
Address

Sun City Center, FL 33573
City/State and Zip Code

fourporahouse@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric A Pora at (941) 281-0106
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EAGLE EYE HOME Watch & Home Maintenance LL
(Same 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 11/03/2014 and as amended

Florida document number L-14000170654

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:

(Principal office address MUST BE A STREET ADDRESS)

1809 Fort Duquesne Dr
Sun City Center, FL 33573

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

Susan Kitchenmaster

New Registered Office Address:

1809 Fort Duquesne Dr

Enter Florida street address

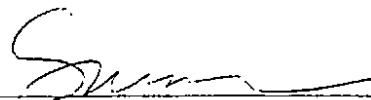
Sun City Center, Florida 33573

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

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> |
|--------------|---------------------------------------|----------------------------------|--|
| <u>MGR</u> | <u>Kevin McPherson</u> | <u>1728 WOLF SAWYER DR.</u> | <input type="checkbox"/> Add |
| | | <u>SUN CITY CENTER, FL 33573</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>ERIC PEAR</u> | <u>1809 FORT DUNBAR DR</u> | <input checked="" type="checkbox"/> Add |
| | | <u>SUN CITY CENTER, FL 33573</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>SUSAN KITCHENMASTER</u> | <u>1809 FORT DUNBAR DR</u> | <input checked="" type="checkbox"/> Add |
| | | <u>SUN CITY CENTER, FL 33573</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR.</u> | <u>K12 Consulting Enterprises LLC</u> | <u>1809 FORT DUNBAR DR</u> | <input checked="" type="checkbox"/> Add |
| | | <u>SUN CITY CENTER, FL 33573</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

*Delet
EP.*

2020 MAY 15 AM 10:53
STATE OF NEW YORK
DEPARTMENT OF STATE
RECORDS SECTION

E. Effective date, if other than the date of filing: 3/20/2020 (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 4/14/2020

Eric A. Pope
Signature of a member or authorized representative of a member

ERIC A. POPE
Typed or printed name of signee