L14000180143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullipan OCT 27 2015

JMW | LAW OFFICES
JAMES M. WEAVER, PA

October 20, 2015

Registration Section
Division of Corporation
Post Office Box 6327
Tallahassee, FL 32314

Re: Korky's Kountry Store, LLC

Dear Sir or Madam:

Enclosed please find the following documents:

1. Articles of Amendment to Articles of Organization of Korky's Kountry Store, LLC, together with check # 1593 in the amount of **$25.00**; and

2. Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company together with check # 1594 in the amount of **$25.00.**

If you should have any questions or need anything further, please do not hesitate to call.

Sincerely yours,

Melissa Shields
Florida Registered Paralegal

/sl/ms
Enclosures
cc: Robert Goering, Manager
Korky's Kountry Store, LLC, ~~via email only~~ via hand delivery

James M. Weaver*
*Also Admitted in Georgia

240 East Park Avenue
Lake Wales, FL 33853

P | 863.676.6000 F | 863.678.1515 E | admin@lakewaleslaw.net W | www.lakewaleslaw.net

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KORKY'S KOUNTRY STORE, 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:

ROBERT GOERING
Name of Person

KORKY'S KOUNTRY STORE, LLC
Firm/Company

50 GRANER DRIVE
Address

FROSTPROOF, FL 33843
City/State and Zip Code

rfgoering@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT GOERING at (863) 632.1240
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

FILED.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KORKY'S KOUNTRY STORE, 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 11/20/2014 and assigned Florida document number L14000180143.

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)

_____

_____

_____

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 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

Title	Name	Address	Type of Action
MGR	CLAY ANTONIO DAVIS	850 OHLINGER ROAD	☐ Add
		BABSON PARK, FL 33827	■ Remove
			☐ Change
MGR	JULIE MARIE GOERING	50 GRANER DRIVE	■ Add
		FROSTPROOF, FL 33843	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: OCTOBER 14, 2015 **(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 October 14, 2015.

Robert H Goering
Signature of a member or authorized representative of a member

ROBERT GOERING, MEMBER AND MANAGER
Typed or printed name of signee

Filing Fee: $25.00