

L15000034115

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MAY 19 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KJ & SD, 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:

Sharen M. Weber

Name of Person

KJ & SD, LLC

Firm/Company

3335 Tampa Rd

Address

Palm Harbor, FL 34684

City/State and Zip Code

weberspacehq@comcast.net

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

For further information concerning this matter, please call:

Sharen Weber

727
at ()

786-0010

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

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2015 MAY 12 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KJ & SD, 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 2/25/2015 and assigned
Florida document number L15000034965

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:

Sharen M. Weber

New Registered Office Address:

40 Gretchen Ct

Enter Florida street address

Oldsmar

Florida

34677

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>
MGR	JAMES GROF	3025 Landmark Blvd, #705	<input type="checkbox"/> Add
		Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAREN GROF	3025 Landmark Blvd, #705	<input type="checkbox"/> Add
		Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL WEBER	3335 Tampa Rd	<input type="checkbox"/> Add
		Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHAREN WEBER	3335 Tampa Rd	<input type="checkbox"/> Add
		Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	James Grof	3025 Landmark Blvd, #705	<input type="checkbox"/> Add
		Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Karen Grof	3025 Landmark Blvd, #705	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

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>
AMBR	Daniel Weber	40 Gretchen Ct	<input checked="" type="checkbox"/> Add
		Oldsmar, FL, 34677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sharen Weber	40 Gretchen Ct	<input checked="" type="checkbox"/> Add
		Oldsmar, FL 34677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 5/7/2015 (optional)

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.

STANLEY
LEWIS
JAN 5 1964

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 May 7, 2015

Sharon M. Weber
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Sharen M. Weber

Typed or printed name of signee

Pursuant to 601.0207 (3) b
will not be listed as the
earlier of: