

L15000049521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

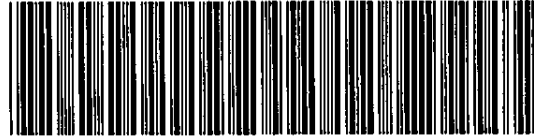
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC - 6 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KALB ENTERPRISES INTERNATIONAL 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:

PAM MCKINNEY CPA

\_\_\_\_\_  
Name of Person

SUMMIT QUEST INC

\_\_\_\_\_  
Firm/Company

1471 N LAGOON PT

\_\_\_\_\_  
Address

INVERNESS, FL 34453

\_\_\_\_\_  
City/State and Zip Code

PAMMCKINNEYUS@GMAIL.COM

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

For further information concerning this matter, please call:

PAM MCKINNEY CPA

352 584-1498  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

KALB ENTERPRISES INTERNATIONAL LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 03/18/15 and assigned  
Florida document number L15000049521.

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)**

1471 N Lagoon Pt K6

INVERNESS, FL 34453

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1471 N LAGOON PT

INVERNESS, FL 34453

**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:

PAMELA R MCKINNEY CPA

New Registered Office Address:

1471 N LAGOON PT

*Enter Florida street address*

INVERNESS

*City*

Florida 34453

*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.*

X 

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	CHARLES H KALB	183 NE KALB CT	<input type="checkbox"/> Add
		LAKE CITY FL	<input checked="" type="checkbox"/> Remove
		32055	<input type="checkbox"/> Change
MGR	DEBORAH E KALB	183 NE KALB CT	<input type="checkbox"/> Add
		LAKE CITY FL	<input checked="" type="checkbox"/> Remove
		32055	<input type="checkbox"/> Change
<sup>KG</sup> MGR AMBR	KEVIN GIGUERE	2040 E HAMPSHIRE ST	<input checked="" type="checkbox"/> Add
		INVERNESS FL	<input type="checkbox"/> Remove
		34453	<input type="checkbox"/> Change
<sup>KG</sup> MGR	PAM MCKINNEY CPA	1471 N LAGOON PT	<input checked="" type="checkbox"/> Add
		INVERNESS FL	<input type="checkbox"/> Remove
		34453	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

CHARLES & DEBORAH KALB, HUSBAND AND WIFE, ARE SELLING THERE LLC

JEUNESSE INTEREST TO KEVIN GIGUERE 100%

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**E. Effective date, if other than the date of filing:** 11-29-16 **(optional)**

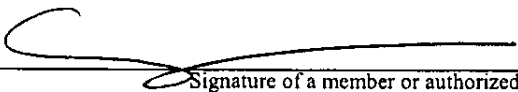
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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 NOVEMBER 28, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

PAM MCKINNEY CPA

\_\_\_\_\_  
Typed or printed name of signee