

# L15 000049521

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

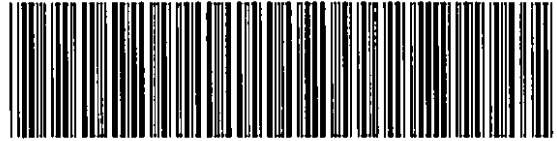
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
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AUG 16 2018

## 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:

KEVIN GIGUERE

Name of Person

KALB ENTERPRISES INTL LLC

Firm/Company

3433 E GULF TO LAKE HWY

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:

☒ \$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**

KALB ENTERPRISES INTERNATIONAL 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 12/12/2016 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)

3433 E GULF TO LAKE HWY

INVERNESS, FL 34453

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3433 E GULF TO LAKE HWY

INVERNESS, FL 34453

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**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: KEVIN GIGUERE

New Registered Office Address: 3433 E GULF TO LAKE HWY

*Enter Florida street address*

INVERNESS, Florida 34453

*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.*

Kevin Giguere by S PoA  
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>
AMBR	KEVIN GIGUERE	3433 E GULF TO LAKE HWY	<input checked="" type="checkbox"/> Add
		INVERNESS, FL 34453	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN GIGUERE	3433 E GULF TO LAKE HWY	<input checked="" type="checkbox"/> Add
		INVERNESS, FL 34453	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAM MCKINNEY CPA	1471 N LAGOON PT	<input type="checkbox"/> Add
		INVERNESS, FL 34453	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAM MCKINNEY CPA	1471 N LAGOON PT	<input type="checkbox"/> Add
		INVERNESS, FL 34453	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**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.

Dated AUGUST 9, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee