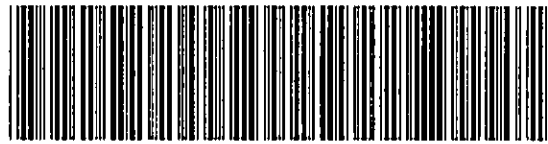


LL5000088235



700338717017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

01/09/20--01007--002 **25.00

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Office Use Only

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CORPORATIONS
20 JAN -9 PM 5:36

Amend

FEB 10 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KL WEDDINGS & EVENTS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA K NERO

Name of Person

KL WEDDINGS & EVENTS

Firm/Company

6786 ACRE WOODS COURT

Address

COCOA, FL 32927

City/State and Zip Code

MRSEMP@YAHOO.COM

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

For further information concerning this matter, please call:

DONNA K NERO at (321) 698-9545
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JAN -9 PM 5: 36

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

FILED
STATE CLERK OF ORANGE COUNTY
20 JAN -9 PM 5:36

KL WEDDINGS & EVENTS, 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 MAY 19, 2015 and assigned Florida document number 1.15000088235.

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)

6786 ACRE WOODS COURT

COCOA, FL 32927

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6786 ACRE WOODS COURT

COCOA, FL 329217

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:

DONNA K NERO

New Registered Office Address:

6786 ACRE WOODS COURT

Enter Florida street address

COCOA

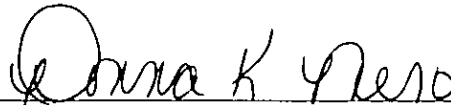
City

Florida 32927

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	KIMBERLY N ARMOUR	6740 HUNDRED ACRE DR	<input type="checkbox"/> Add
		COCOA, FL 32927	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DONNA K NERO	6786 ACRE WOODS COURT	<input checked="" type="checkbox"/> Add
		COCOA, FL 32927	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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