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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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AUG 1 1 2016 S. YOUNG SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2016

KEVIN BOOTH 1401 CESERY TERRCE JACKSONVILLE, FL 32211

SUBJECT: KC HOLDINGS OF NORTH FLORIDA, LLC

Ref. Number: L15000088855

We have received your document for KC HOLDINGS OF NORTH FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 816A00015965

2016 AUG -8 PH 2: 13

16 JUL 28 PH 2: 36

COVER LETTER

TO: Registration Se Division of Cor		•		
SUBJECT:	KC Holding	S of North Flo ted Liability Company	rida, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	k	Levin Booth Name of Person		
	KC Holdi	ngs of North Fl	erida, UC	
	1401 Ce	sery Terrace		TALLAHASSE 16 JUL 28
	Jack	Son Ville, FL, 32, City/State and Zip Code	211	28 PH 2: 36
	E-mail address: (i	o be used for future annual report notifi	LAF, COM cation)	E.F.CRIUA PH 2: 36
For further information c	oncerning this matter, please ca	all:		o
Kevin Name o	Booth f Person	at (<u>904)</u> <u>769</u> Area Code Daytime	2-7779 Telephone Number	
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is ea	atus &

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

(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on5//9/20/5 and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	1401 Cesery Terrace Jacksonville, FL, 32211
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1401 Cesery Terrace 28 SSZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	Kevin Booth
New Registered Office Address:	Ol Cosery Terrace Enter Florida street address
	cksonville, Florida 32211

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R_	Kevin Booth	7861 Charbtte Onks L Jacksonville, FL, 32277	ANE NAdd
•			Remove
			Change
MGR	Colby Booth	7861 Charlotte Paks Lane Jacksmuille, Fl, 32277	Add
			Remove
			☐ Change
MGR	Cart Booth	7861 Charlotte Oaks Lane Sacksmulle, FL, 32277	Add
	· ·		Remove SE
			JULGE B
			2: 37AFE
			□ Change
			□ Add
			Pemove
			Change
			☐ Remove
			Change

tive date, if other than the date of filing:		
tive date, if other than the date of filing: [Coptional] Sective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.		
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90th day after the record is filed.	011	

Page 3 of 3

Filing Fee: \$25.00