

L15000101661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

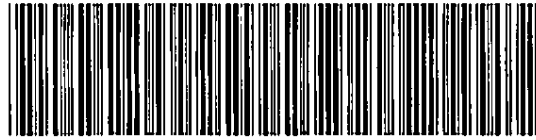
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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18 OCT -5 PM 3:41

RECEIVED
FEB 27 2018
FEB 27 2018
FEB 27 2018

Name Change

OCT 17 2018

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Keoni Remodeling and Home Repair, 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:

Michael K. Dixon

Name of Person
Keoni Remodeling and Home Repair LLC

Firm/Company
4753 Rolling Oak Drive

Address
Orlando, FL 32818

City/State and Zip Code
michaelkeoni@gmail.com

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

For further information concerning this matter, please call:

Michael Dixon 352 817-4055
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

18 OCT -5 PM 3:41

RECEIVED
DIVISION OF CORPORATIONS
OCT 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2018

MICHAEL K DIXON
KEONI REMODELING AND HOME REPAIR LLC
4753 ROLLING OAK DRIVE
ORLANDO, FL 32818

SUBJECT: KEONI REMODELING AND HOME REPAIR LLC
Ref. Number: L15000101661

We have received your document for KEONI REMODELING AND HOME REPAIR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application. If there are no other changes being made you still have to complete the last page and send in all 3 pages.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 318A00017967

RECEIVED
19 OCT -5 AM 11:25
SECRETARY
LAWSON

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

Keoni Remodeling and Home Repair, 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 June 05, 2015 and assigned
Florida document number L15000101661

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Keoni Remodeling and Home Inspections, LLC

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
		<i>N/A</i>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: _____ (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)

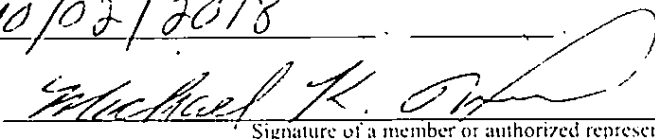
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/02/2018



Signature of a member or authorized representative of a member

Michael K. Dixon

Typed or printed name of signee