L15000182189

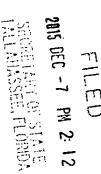
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JKC Custom Calainets, 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 Kennedy Name of Person
JKC Custon Calainets, LLC Firm/Company
12103 Edge knoll Dr Address
Riverview, FL 33579 City/State and Zip Code
Keyin L Kennedy 70 @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kevin Kennedy at (813) 520-16291 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{\$(additional copy is enclosed)}\$\$\$ 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2015

KEVIN KENNEDY 12103 EDGEKNOLL DRIVE RIVERVIEW, FL 33579

SUBJECT: JKC CUSTOM CABINETS, LLC

Ref. Number: L15000182189

We have received your document for JKC CUSTOM CABINETS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 215A00024742

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 DEC -7 PM 2: 12

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Name of the Limited L	Liability Company as it now appears on Porida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi		27115 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	e41.	, 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 **Title** <u>Name</u> **Address** Type of Action Journey Kennedy Add AMBR Riverview, FL 33579 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add □ Remove

☐ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:0) The 90th day after the record is filed.	01 a.m. on the earlier of:
Dated November 19, 2015. Reu Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00