115000196275

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
		!

Office Use Only



300279799933

12/10/15--01027--014 **30.00

15 DEC 10 PH 4: 58

DEC 1 1 2015 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DEE & KS 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:
Delette Matheus Name of Person
Dee & K'S LLC Firm/Company
1037 NW 116 Ave
Coral Strings fl 33071 Gity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Delette Matheus at (954) 1658 - 2006 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

ý

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number 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) 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 nam 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> Delette L. Matheus 1037 NW116 Ave Coral Strings (£ 3307) ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change _□ Add ☐ Remove ᇬ □ Add ☐ Remove _□ Change _ Add ☐ Remove ☐ Change

.	
	
	15
•	DEC.
	ASSE Y
	7 7
	6 8
4	(4 1)
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 e: If the date inserted in this block does not meet the applicable statutory filing require ument's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.6 ments, this date will not be listed
record specifies a delayed effective date, but not an effective time, at he 90th day after the record is filed.	: 12:01 a.m. on the earlie
ed 12/9/2015	
Maletta K	

Page 3 of 3

Filing Fee: \$25.00