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DIVISION OF CONTOURNIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Clutter Not! 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:
Kim Pepitone Cottrell Name of Person
Kim Pepitone Cottrell Name of Person Clutter Not LLC Firm/Company
11661 New Britain Dr. Address
Spring Lill Fl 34609 () City/State and Zip Code
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Kim Pepitone at (908) 419 0753 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clutter Not! LLC (Name of the Limited Liability Compan	iv as it now appears on our records.)	<u>.</u>
(A Florida Limited Li	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on Nece 12 ber 17, 2016	and assigned
Florida document number <u>L15000 20 80 65</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
KP Communications LLC	<u></u>	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the ab	75 °
Enter new principal offices address, if applicable:		T SE SE
(Principal office address MUST BE A STREET ADDRESS)		9 23
		COMPONENTIAL D
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		Č.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or,	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
		·	OLEGANDE CURE Change : 58
			SEP CONCENSOR
		······	□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	FILED 16 SEP 22 AH 8: 58 DIVISION OF CORE-GRATIONS
·	22 <u>M</u>
**************************************	69. 5 5.5
	——————————————————————————————————————
Effective date, if other than the date of filing:	ant to 605.0207 (3)(b) ot be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	e earlier of:
Dated Actions 20, 2016.	
Signature of a member/or authorized representative of a member	
Kim Repitone Cottx 1/ Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00