

L16000001115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

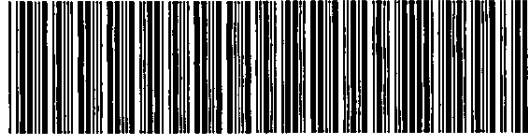
(Business Entity Name)

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L16-1115

Amend

01/28/16--01004--014 \*\*25.00

FILED  
16 JAN 28 PM 1:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JAN 29 2016

N. CAUSSEAU

*MARKOVITZ & GERMINARO*  
*Attorneys-At-Law*

*Robert S. Markovitz*  
*Samuel J. Germinaro*

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*1001 East Entry Drive*  
*Suite 201-A*  
*Pittsburgh, Pennsylvania 15216*

*412/571-0601*  
*Fax: 412/571-1635*

*Harry Markovitz*  
*(1917-1999)*

January 25, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: KBS Design & Consulting, LLC

Dear Sir or Madam:

Enclosed are the Articles of Amendment to Articles of Organization of KBS Design & Consulting, LLC.  
Enclosed with this mailing are the following:

1. Original Articles of Amendment to Articles of Organization of KBS Design & Consulting, LLC.
2. Check for the filing fee of \$25 made payable to the Florida Department of State.

If there are any questions or if any additional information is needed please contact me at 412-571-0601.  
Thank you for your kind attention to this matter.

Very truly yours,



Eric R. Jahn

ERJ  
Enclosure

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KBS DESIGN & CONSULTING, 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:

ERIC R. JAHN

\_\_\_\_\_  
Name of Person

MARKOVITZ & GERMINARO

\_\_\_\_\_  
Firm/Company

1001 EAST ENTRY DRIVE, STE 200

\_\_\_\_\_  
Address

PITTSBURGH, PA 15216

\_\_\_\_\_  
City/State and Zip Code

ERICJ@MDA-CPA.COM

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

For further information concerning this matter, please call:

ERIC R. JAHN

412 571-0601  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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

KBS DESIGN & CONSULTING, 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 01/08/2016 and assigned  
Florida document number L16000011115.

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."

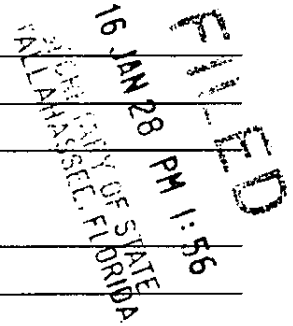
Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2894 SPRING LAKES DRIVE  
DAVIDSONVILLE, MD 21035



**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>
MGR	ROBERT SMITH	2894 SPRING LAKES DRIVE	<input type="checkbox"/> Add
		DAVIDSONVILLE, MD 21035	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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JAN 27 1996  
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STATE OF FLORIDA  
TALLAHASSEE

16 JAN 28 PM  
COR. DEPT. OF STATE  
ALLAHABAD, INDIA

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CLERK OF STATE  
TALLAHASSEE FLORIDA

(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)

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.

Signature of a member of authorized \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee