## L16000036037

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(December 1)
(Document Number)
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## **COVER LETTER**

ΓO: Registration Se	ction	\$ ·		
Division of Cor	porations			
KC Retiren				
SUBJECT:		ited Liability Company		•
		• • •		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Christine Upp			•
		Name of Person		_
•				
		Firm/Company		<del></del> , ,-
	5200 28th St N, Lot 151			•
		Address		_
	St Petersburg, FL 33714		,	. : —
		City/State and Zip Code		
	kcretllc@gmail.com	to be used for future annual report no	tification)	-
		-	dicadon)	
For further information c	oncerning this matter, please c	all:		
Christine Upp		813 758-1719 at ( )		
Name o	f Person		me Telephone Numl	per .
	:			
Enclosed is a check for the	ne following amount:			
		FI \$55.00 Elling Eq. 8	፲፱ ቂፈስ ሰስ ፡	Ciling Foo
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, cate of Status & ed Copy nal 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

KC Retirement, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)		<del></del>	
The Articles of Organization for this Limited Liability Company	were filed on 02/22/16	a	md ass	igned
Florida document number 81-1563027 LIGOOO 36	037			
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbrevia	tion "L.	L.C."
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRESS)		AL SE	8	
	<u>-</u>	<u> </u>	<u>~~;</u>	
		37	1/2	rath th
Enter new mailing address, if applicable:	1808 Sunset Point Rd, Unit K	:4( ::	Tin	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33765	اري دريا	13°1 25°	farmed.
		<b>影图</b>	نب	~ <u>~</u>
		- <del> </del>	ω,	_
B. If amending the registered agent and/or registered of		nter the	name	of the nev
registered agent and/or the new registered office address here	<u>2</u> :			
·			•	
Name of New Registered Agent:		·	<del></del>	
New Registered Office Address:				
	Enter Florida street address			
	, Floric	da	<u> </u>	
	City	Ziţ	o Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	I am famili S. Or, if thi	iar wit s docu	h and iment is

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>	Name	Address	Type of Action
AMBR	Christine Upp	1938 Brookstone Way	Add
		Clearwater, FL 33760	■ Remove
<del></del>			Change
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		<del></del>	Remove
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						<u> </u>
ffective date, if other than the date of an effective date is listed, the date must be specificate: If the date inserted in this block does ocument's effective date on the Department e record specifies a delayed effection. The 90th day after the record is fi	fic and cannot be prior not meet the applic t of State's records we date, but no	cable statutory f s.	or more than 90 d iling requireme	ents, this date v	will not be 1	listed as
ated September 17	2016					
Cum				<u>.</u>		
Signature	of a member or auth	norized represents	tive of a member	·	<u> </u>	
Christine Upp				 ر د	27	

Filing Fee: \$25.00