# 116000129538

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Documen	t Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### . COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5GS Concrete Restoration 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:
Bryan Kline Name of Person
K Line Construction Group
15754 Menton Bay Ct. Address
Delvay Bch FL 33446  City/State and Zip Code  bkline & kline Construction group. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
13 ryan Kline at (561) 504-3850  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

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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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on ou	
(A Florida Limi	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on <u>07/</u>	08/16 and assigned
Florida document number <u>61600012953</u>	8	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
K Line Construction		LLC
The new name must be distinguishable and contain the words "Limited I.	liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_1///-	1
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	SEE
	<del></del>	<u> </u>
		28 ASS
Enter new mailing address, if applicable:		THE E
(Mailing address MAY BE A POST OFFICE BOX)		
		हिल क
<b>.</b>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	Ciţv	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>	Name	Address	Type of Action
	<u>Name</u>		□ Add
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D. 4f amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an effec <u>Note:</u> If	te date, if other than the date of filing:	ursuant to 605 Il not be list	5.0207 (3)( ed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	the earli	er of:
Dated _	September 25 2017. Bray Ferri		
	Signature of a member or authorized representative of a member		
	Bryan Kline Typed or printed name of signee		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00