

L16000153165
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
K&K PROTECTIVE SERVICES LLC**

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J. HARRIS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: K&K PROTECTIVE SERVICES 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

kellyprivatemarcus@yahoo.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724

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**

K&K PROTECTIVE SERVICES 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 08/16/2016 and assigned Florida document number L16000153165.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARCUS T KELLY

New Registered Office Address:

6733 WOODS ISLAND CIRCLE APT. 304

Enter Florida street address

PORT SAINT LUCIE

Florida 34952

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.

Marcus T Kelly
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	NICKLOUS KELLY	3416 SLOAN RD.	<input type="checkbox"/> Add
		FORT PIERCE, FL 34947	<input checked="" type="checkbox"/> Remove
AMBR	Nickolas S Kelly	3416 SLOAN RD.	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34947	<input type="checkbox"/> Remove
AMBR	TRAVIS KELLY	3416 SLOAN RD.	<input type="checkbox"/> Add
		FORT PIERCE, FL 34947	<input checked="" type="checkbox"/> Remove
AMBR	Travis D Kelly	3416 SLOAN RD.	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34947	<input type="checkbox"/> Remove
AMBR	MARCUS KELLY	3416 SLOAN RD.	<input type="checkbox"/> Add
		FORT PIERCE, FL 34947	<input checked="" type="checkbox"/> Remove
AMBR	Marcus T Kelly	3416 SLOAN RD.	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34947	<input type="checkbox"/> Remove


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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 14, 2016.


Signature of a member or authorized representative of a member

MARCUS T KELLY

Typed or printed name of signer

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Filing Fee: \$25.00

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