

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
135-1092-524-



## Us/US/20 -01021 -005 -\*\*25.

1

~

2:23 .... 1.3 LH #: 52

OMN SUBJECT: mited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Address SC (1)(to be used for future annual report notification)

For further information concerning this matter, please call:

Davtime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2020

CYNTHIA MILES 598 CORBEL DRIVE NAPLES, FL 34110

SUBJECT: KLM COMMERCIAL LLC Ref. Number: L16000219084

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please correct the document number for the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 320A00012493

•

www.sunbiz.org

Division of Cornorations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICL	FS OF OR	GANIZATION	
ARTICL	OF	JANIZATION	
KLM COMMER (Name of the Limited Lial (A Flor	CIAL bility Company a rida Limited Liabi	s it now appears on our hty Company)	<u>records.</u> )
The Articles of Organization for this Limited Liability Florida document number <u>LICOOD 219</u>	7 Company wer 084	e filed on $12/1$	2/201@and assig
This amendment is submitted to amend the following:	:		
A. If amending name, <u>enter the new name of the li</u>	<u>mited liability</u>	company here:	
The new name must be distinguishable and contain the words "I	limited Liability C	ompany," the designatio	n "LLC" or the abbreviation "L.I.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		·····
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	_		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ress on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida stree	
		City	, Florida 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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabilit company has been notified in writing of this change.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of 2
A <u>MBR</u>	DARREN-MIES	598 CORBEL DRIVE	🗆 Add
	CYNTHIA MILES	598 CORBEL DRIVE NAPLES, FL 34110	 Kem
			🗆 Chan
			🗆 Add
			🗆 Rems
			🗆 Char
			🗆 Add
			🗆 Reme
			🗆 Char
- · · · · · · -			🗆 Add
			🗆 Reme
			□Char
			🗆 Add
			🗆 Reme
			🗆 Char
			bbA 🗆
			🗆 Remo
			🗆 Chan

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

· · · · · · · · · · · · · · · · · · ·
·····
· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·
<u> </u>

E. Effective date, if other than the date of filing: <u>1-1-2019</u> (optional)
(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 605.6 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

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 record is filed.

Dated JULY 7, 2020	
Signature of a member or authorized representative of a member	
CYNTHIA MILES	

Filing Fee: \$25.00