

L17000084372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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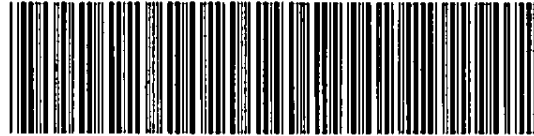
(Business Entity Name)

(Document Number)

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17 SEP 28 AM 6 46
SCOTT COUNTY, ILLINOIS
FILING OFFICE

D. SCOTT

SEP 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kuverall Holding, 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:

Alexander Povoli
Name of Person

Kuverall Holding, LLC
Firm/Company

3265 NW 4th St. #201
Address

Pompano Beach, FL 33069
City/State and Zip Code

apovoli@oohmsg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Povoli at (954) 470 0833
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

FILED
17 SEP 28 PM 6:46
TALLAHASSEE, FL

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

Kuverall Holding 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 3/8/2017 and assigned Florida document number L17000054372

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3265 NW 4th St. #201
Pompano Beach, FL
33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3265 NW 4th St. #201
Pompano Beach, FL
33069

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:

Alexander Povol

New Registered Office Address:

3265 NW 4th St. #201

Enter Florida street address

Pompano Beach, Florida 33069

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.

Alexander Povol

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

Title	Name	Address	Type of Action
MGR	Alexander Povoli	3265 NW 4 th St #201	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kevin Durkin J	902 Briar Creek Rd	<input type="checkbox"/> Add
		Jacksonville, FL 32225	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kevin Durkin J	14237 Falconhead Dr	<input checked="" type="checkbox"/> Add
		Jacksonville, FL	<input type="checkbox"/> Remove
		32224	<input type="checkbox"/> Change
AMBR	William Mattie	9335 Elizabeth Ln	<input checked="" type="checkbox"/> Add
		Mason, Ohio 45040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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17 SEP 28 AM 6:45
CITY OF JACKSONVILLE
PPV

[illegible]

(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.

Alexander Fovch
Signature of a member or authorized representative of a member

Alexander Povodil
Typed or printed name of signee

on the earlier of: