

L17000068200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

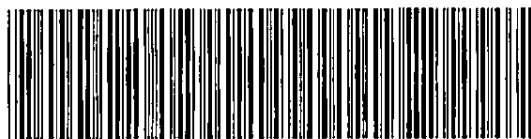
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KB PROPERTY MAINTENANCE

AND HOME REPAIR, LLC

Signature \_\_\_\_\_

Requested by: BA

11/30/18

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- ☒ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KB Property Maintenance And Home Repair, 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:

Rita A Boice

Name of Person

KB Property Maintenance And Home Repairs, LLC

Firm/Company

KB Property Maintenance And Home Repair, LLC

Address

13872 Se Hwy 42

City/State and Zip Code

Weirsdale, FL 32195

boice2738@gmail.com

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

For further information concerning this matter, please call:

Rita A Boice

352 812-4510  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

KB Property Maintenance And Home Repair, 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 March 27, 2017 and assigned  
Florida document number L17000068200.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13872 SE Hwy 42

Weirsdale, FL 32195

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Po Box 1072

Weirsdale, FL 32195

**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:

Rita A. Boice

New Registered Office Address:

13872 Se Hwy 42

*Enter Florida street address*

Weirsdale

Florida

32195

*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.*

*Rita Boice / Owner*

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> | <u>Name</u>     | <u>Address</u>                           | <u>Type of Action</u>                      |
|--------------|-----------------|--|--|
| Owner        | Rita A. Boice   | 13872 Se Hwy 42, Weirsdale Fl.<br>32195  | <input checked="" type="checkbox"/> Add    |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
| Mgr          | Keith E. Bullis | 10049 SW 155th St<br>Dunnellon, Fl 34432 | <input type="checkbox"/> Add               |
|              |                 |  | <input checked="" 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            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |

[illegible]

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/29/2018, 2018

Rita Boice

Typed or printed name of signee