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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 6 & K Revices UC  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:				
Mristen Brown Name of Person				
B& KREVICUS LCC				
1500 W. South port Rd				
City/State and Zip Code				
E-mail address: (to be used for future annual report northeation)				
For further information concerning this matter, please call:				
Name of Person at 321 SU5 1525  Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:    \$\sum_{\text{S55.00}}\$ Filing Fee & Certificate of Status     \$\sum_{\text{Certified Copy}}\$ (additional copy is enclosed)     \$\sum_{\text{S60.00}}\$ Filing Fee & Certified Copy (additional copy is enclosed)     \$\sum_{\text{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

The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 "Lighted 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
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			□ Remove
			□ Change

amending any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)
	17
	. JA
	5.4.6
Iffective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of	(optional)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed
ne record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier
Dated;	
Lillen Bro	
Signature of a member or authorized rep	presentative of a member

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee