

L17000098885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600309582626

02/23/18--01005--021 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 FEB 23 AM 11:30

B FIGUEROA

FEB 26 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Kaci and Kodi 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:

Kaci Campbell

Name of Person

Kaci and Kodi

Firm/Company

973 Musgrass Cir

Address

West Melbourne, FL 32904

City/State and Zip Code

Kaci Campbell Photography @ gmail.com

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

For further information concerning this matter, please call:

Kaci Campbell

Name of Person

at

(720)  
Area Code

939-9457

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**

Kaci Campbell 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 5/03/17 and assigned Florida document number 17000098885.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Kaci and Kodi LLC

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)**

973 Musgrass Cir  
West Melbourne FL 32904

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

973 Musgrass Cir  
West Melbourne FL 32904

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 23 AM 11:30

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>
MGR	Kaci Campbell	973 musgrass cir West Melbourne FL 32904	<input checked="" type="checkbox"/> Add same <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kodi Swanson	180 magnolia woods ct Unit 20 D Deltona, FL 32725	<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
			<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

18 FEB 23 AM 11:29

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

