L17000128408

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	· #)
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SECRETARY 11 PM 12: 27

T. MATTHEWS

JUL 11 2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: K&		-tNetS LLC ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Jusan	Name of Person	<u>ه</u>
	Kcaca b	Eirm/Company	SLLC
	9424 5 Del 1	wester Stone	ne Rocal
		ALA TLOVICO City/State and Zip Code	1A 34481
	SUSAU E-mail address: (MAAUILSONG to be used for future annual report noti	<u> </u>
For further information c	oncerning this matter, please ca	all:	
Stescent Name o	DAUID SON		e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

•	JIAISION OF COM
Kacaboo Par	~ + Nerze MAY I L PM 12:27
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL_17000128408	were filed on Soll 2 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
NA	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9424 SW 60th Jane Road
(Principal office address MUST BE A STREET ADDRESS)	Del Loebb Stone Creek
	CCAIA, Florida 34481
Enter new mailing address, if applicable:	9424 Sw Gota Pone Road
(Mailing address MAY BE A POST OFFICE BOX)	Del Lerebb Stone Crock
	OCAIA, Florida 34481
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Ce Seut	- stays the SAME
New Registered Office Address: 9424	SW 60th Scare Road 2010 Egter Floridu street address Stone Usell

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 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

Type of Action <u>Title</u> Address Name 9424 SW 60th June Roberd Del Webb Stone Creek MGR SUSAN M DAVIDSON (Strupthe Same) COCALA = lovidA 34481 | Remove Lichange Del wash Stone Creek OCAIA, Elovida

34481 Dehange □ Remove

_____ □Change

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reffect <u>te:</u> If	e date, if other than the date of filing:
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to l.
ed	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member