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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: Kevin	Pederson L	. L C		
	Name of Emi	ned Dabiniy Company		
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	Kevin	Pederson		
		Name of Person		
	Keun Peo	leisen LLC		
		Firm/Company	<u> </u>	
	14101 Lymes	tone Ct.		
•		Address		
	New Smyrna	Beach, FL	32168	?
	,	City/State and Zip Code		
_	KeviP75@g	mail.com	mort notification	
		fee(s) are submitted for filing. Ing this matter to the following: (EVIN Pederson Name of Person Name of Person VIN Pederson L C Firm/Company L ymestone Ct. Address Smyrna Beach FL 32168 City/State and Zip Code 75 (a) gmail.com -mail address: (to be used for future annual report notification) atter. please call: at (107) Area Code Daytime Telephone Number Jount: ng Fee & \$\int \$55.00 Filing Fee & \$\int \$60.00 Filing Fee.		
For further information conce	erning this matter, please ca	ill:		
Keun Pede	1500	at (407)	221-4	-1418
Name of Per	rendement and fee(s) are submitted for filing. It evin Pederson Name of Person Kevin Pederson LLC Firm/Company Lune Stone Ct. Address New Smying Beach FL 32168 City/State and Zip Code Kevin Pose Gamail. com E-mail address: (to be used for future annual report notification) Erming this matter, please call: Area Code Daytime Telephone Number			
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee)	(\$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy

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

	ED
2019 JAN - 7 SECT	AM
SECTION	417 II: 18

(Name of the Limited Liability Compa (A Florida Limited	Iny as it now appears on our records.) TALLAMASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000146332</u> .	were filed on $\frac{July}{7}$, $\frac{2017}{2017}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14101 Lymestone Ct. New Smyrna Beach, FL 32168
(Principal office address MUST BE A STREET ADDRESS)	New Smyrna Beach, FL 32168
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	161101 Lymestone Ct. New Smyrna Beach, FL 32168
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address: [L]/01 L	ymes tone Ct. Enter Florida street address
	rna Beach Florida 32168 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

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
AMBR	Juliet Pederson	14101 Lymestone Ct. New Smyrna Beach, FL 32168	⁷ b ⊄ Add
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<u>ote:</u> If	e date, if other the tive date is listed, the fithe date inserted intis effective date of	in this block does	not meet the app	plicable statutory i	or more than 90 days Tling requirements	optional) after filing.) Pursuant to this date will not be	605.0207 listed as
	ord specifies a c 90th day after t			not an effectiv	ve time, at 12:0	01 a.m. on the e	arlier o
ited _	Dec	27_	201	<u> </u>			
			$^{\prime}$ ($^{\prime}$				
		Signature	e of a member or a	uthorized representa	tive of a member		_

Page 3 of 3

Filing Fee: \$25.00