# 117000/65308

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# **COVER LETTER**

SUBJECT: KIT & CUB COLLECTIVE 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:
Danielle Colding Name of Person
Kit & Cub Collective LLC
1346 MUrray Drive
Jacksonville, FL 32205
City/State and Zip Code  Gan 1. Cololing & gmail - Com  F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Colding at (56) 414-4208  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \ext{Certified Copy (additional copy is enclosed)} \$\ \end{Text{Certified Copy (additional copy is enclosed)} \$\ \end{Text{Certified Copy (additional copy is enclosed)} \$\ \end{Text{Certified Copy (additional copy is enclosed)} \$\ Text

## MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

	<del>-</del>	
Kit & Cub Co	illective LLC	
(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)	
(A Frontia Chineu	1	
The Articles of Organization for this Limited Liability Company Florida document number <u>L170001653</u> 08	y were filed on $\frac{8 3 20 7}{3}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabs	ility Company "the designation "LLC" or the abbreviation "LLC"	_ 
The new name than the distinguishable and contain the words.	50 7	11
Enter new principal offices address, if applicable:	z (r)	
(Principal office address MUST BE A STREET ADDRESS)		ونهسأ
	PH PH	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	O
	2	
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
		_
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of	office address on our records, enter the name of the	2011
registered agent and/or the new registered office address her		new
to the tree tree tree tree tree tree tree	<u></u>	
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	_
	, Florida	
	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.

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
	Danielle Colding	1346 Murray Dr.	Add
owner	_	Jacksonville, FL 32205	□ Remove
			N/ Unange
MAR	Jason Colding	1346 Murray Dr.	D Add
jwant to	change the	Jacksonville, FL	Remove
Prom Jas	son colding	1346 Murray Dr. Jacksonville, FL 322.05	☐ Change
			웃다네
Jason Co	lding should	<del>_</del>	ISIO ROMOVE T
mound	lding should iger be a ager. Thank yo	υ!	POT CCChange
			— □ Add 23
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			☐ Change
			□ Add
			□ Remove
			Change

	<del></del>
	AUG I II
	23.
E. Effec	tive date, if other than the date of filing:    S
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	l
	Dani-Colding
	Signature of a member or authorized representative of a member  Danielle (Olding)
	Typed or printed name of signer

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Filing Fee: \$25.00