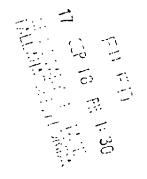
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]
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	itus
Special Instructions to Filing Officer:	
Office Use Only	



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FLORIDA DEPARTMENT OF STATE | Division of Corporations

September 1, 2017

KENNETH STEVENS | 86053 MEADOWFIELD BLUFFS RD YULEE, FL 32097 |

SUBJECT: KABED LLC Ref. Number: L17000169487

We have received your document for KABED LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of 3, and page 2 of 3 are missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 617A00018148



COVER LETTER

Division of Corpora	ations				
SUBJECT: <u>KAR</u> E	°0 410				
	Nam	e of Limited	Liability Company		 •-
The enclosed Articles of Ame	endment and fee(s)	are submit	ted for filing.		
Please return all corresponder	nce concerning this	matter to	he following:		
-	Ken	ne th	Steven Name of Person	15	
]	Name of Person		
	KA	BEN	LLC		
_	,		Firm/Company		
	8605	1 3 M	adswei	eld Blin	uo Rd
			Address	7//	/
	Vale	Fle	rido 32 City/State and Zip Cod	097	
_	$\overline{}$	1	City/State and Zip Cod	le	
_	K75tc	vens	e used for future annu	Ч	
	E-mail a	ddress: (to b 	e used for future annu-	al report notification)
For further information conce	rning this matter, p	lease call:			
Kenneth S	tevens	<u> </u>	at (<u>95 4</u>)_	559-3/ Daytime Telep	<u>22</u>
Name of Per	son		Area Code	Daytime Telep	hone Number
Enclosed is a check for the fo	llowing amount:				
☑ \$25.00 Filing Fee □] \$ 30.00 Filing Fee	æ	□ \$55.00 Filing Fee	2 & 1	□ \$60.00 Filing Fee,
	Certificate of St	atus 	Certified Copy tadditional copy is e	enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed).

MAILING ADDRESS:

Registration Section

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

KAA	RED LLC
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on Aug 09 2017 and assigned
Florida document number <u>L 1 7000 164 4 8 5</u>	
This amendment is submitted to amend the follow	ring:
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	de:
Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	***
Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Reg	
provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am fämiliar with and ered agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability
company has been notified in writing of this cha	ange.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent (

	amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:		
MGR = Ma	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juette Stevens	86053 Meadowfield Blo Rd Yulee, Florida	PHS □ Add
		Rd Ywlee, Florida	Remove
		32097	Change
			🗆 Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
		-	☐ Remove
			Adg
			☐ Remove

	change(s) here: (Attach additional sheets, if nec	ressary.)
	·····	
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		· · · ·
ective date, if other than the date of filin	ng: Sep 1, 2017 (opt	
reffective date is listed, the date must be specific 4h	nd cannot be prior to date of filing or more than 90 days afte meet the applicable statutory filing requirements, th	er filing.) Pursuant to 605.02
record specifies a delayed effective he 90th day after the record is filed	date, but not an effective time, at 12:01	a.m. on the earlier
		<u></u>
ed <u>9/14/17</u>	··	
	te	<u></u>
Signature of a	member or authorized representative of a member	·
	4	- - य
	Typed or printed name of signer	
		•

Page 3 of 3

Filing Fee: \$25.00