

L17000 171637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

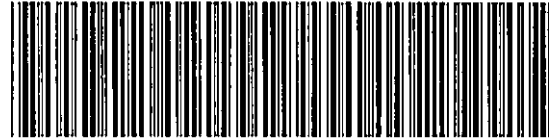
(Business Entity Name)

(Document Number)

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R. W. H.
MAR 19 2019

FILED
2019 MAR -8 PM 12:18
TALLAHASSEE
FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KERN ME HOLDINGS 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:

MICHAEL KERN

Name of Person

KERN ME HOLDINGS LLC

Firm/Company

3900 E INDIANTOWN RD STE 607 #250

Address

JUPITER FL 33477

City/State and Zip Code

GHEDGER@GRASSICPAS.COM

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

For further information concerning this matter, please call:

MICHAEL KERN

954

734-0115

at ()

Name of Person

Area Code

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**

FILED

2019 MAR -8 PM 12:18

KERN ME HOLDINGS 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 08/11/2017 and assigned
Florida document number L17000171637.

This amendment is submitted to amend the following:

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

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)

3900 E INDIANTOWN RD STE 607 #250

JUPITER FL 33477

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3900 E INDIANTOWN RD STE 607 #250

JUPITER FL 33477

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

Name of New Registered Agent:

New Registered Office Address:

3900 E INDIANTOWN RD STE 607 #250

Enter Florida street address

JUPITER


City

Florida 33477

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL KERN		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3900 E INDIANTOWN RD STE JUPITER FL 33477	<input checked="" type="checkbox"/> Change
AMBR	APRIL KERN		<input type="checkbox"/> Add
		2141 S ALTERNATE A1A JUPITER FL 33477	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 6, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee