# L-17000146606

(Re	questor's Name)	<del></del>
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# THE LAW OFFICES OF SHEFTALL & ASSOCIATES

SCOTT D. SHEFTALL

BOARD CERTIFIED CIVII, TRIAL LAWYER sheftall à sheftalllaw.com Direct Dial: (904) 647-2296 JOHN T. SEFTON OF COUNSEL

sefton@sheffalllaw.com Direct Dial: (904) 647-2297

October 2, 2017

via U.S. Mail
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment – KD Walls LLC (Florida Document Number: L17000196606)

Dear Sir or Madam:

Enclosed you will find a copy of the Articles of Amendment of KD Walls LLC. I have also enclosed Check No. **240** in the amount of **\$25.00** representing payment in full of all applicable filing fees for the Articles of Amendment.

Should you need anything further, please do not hesitate to contact me at (904) 638-3995 or <u>ADragoo@sheftalllaw.com</u> or John T. Sefton at (904) 647-2297 or <u>sefton@sheftalllaw.com</u>.

Best regards,

Austin J. Dragoo

Enclosure(s)

cc: John T. Sefton

### **COVER LETTER**

	egistration Sec ivision of Corp			
end mea	KD Walls L	LC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspoi	ndence concerning this matter	to the following:	
		Austin J. Dragoo		
			Name of Person	
		Sheftall & Associates, P.A		
			Firm/Company	
		1 Independent Drive, Suite	3201	
			Address	<del></del>
		Jacksonville, Ft. 32202		
		5 D	City/State and Zip Code	
		ADragoo@sheftalllaw.com E-mail address: (	to be used for future annual report notif	lication)
For further	information co	oncerning this matter, please ca	ill:	
Austin J. I	Oragoo		904 638-3995	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is	s a check for th	e 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

KD Walls LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del> _
The Articles of Organization for this Limited Liability Company	were filed on 09/21/2017	and assigned
lorida document number L17000196606		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	-	
		17
Inter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		
		in N
		£
B. If amending the registered agent and/or registered o	office address on our records,	enter the name of the n
egistered agent and/or the new registered office address her		6.1
		;. <b>.</b>
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
	Flori	
<del></del>	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>	<u>Address</u>	Type of Action
MGR	James J. Gilvarry	13907 Arnold Rhoden Road	
		Sanderson, FL 32087	<b>≘</b> Remove
			Change
MGR	AGR John P. Gilvarry	13907 Arnold Rhoden Road	
		Sanderson, FL 32087	<b>≘</b> Remove
			Change
P, MGR	Kevin Donohoe	13907 Arnold Rhoden Road	
		Sanderson, FL 32087	Add  ☐ Remove
			□ <b>C</b> hange
MGR	James J. Gilvarry	13907 Arnold Rhoden Road	<u>;</u> <b>j</b> yaa
		Sanderson, F1, 32087	Remove
			□ Change
MGR	John P. Gilvarry	13907 Arnold Rhoden Road	Add
		Sanderson, FL 32087	Remove
			Change
			Remove
			☐ Change

	7 
ctive date, if other than the date of filing:	
effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date  if the date inserted in this block does not meet the applicable staument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an ene of the secord is filed.	effective time, at 12:01 a.m. on the earli
ed September 29 2017	
Signature of a member or authorized r	epresentative of a member
John T. Sefton, Authorized Representative	
, —	of signee

Page 3 of 3

Filing Fee: \$25.00