# 117000245942

| (Re                     | equestor's Name)   | <del></del> |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
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| (Cit                    | ty/State/Zip/Phone | · #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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#### **COVER LETTER**

| TO: Registration Sec<br>Division of Corp | oorations                                       |  |  |
|--|---|--|--|
| SUBJECT: Ki                              | (KS All-In                                      | ited Liability Company   |  |
|  |   | itea siamin, company   |  |
| The enclosed Articles of A               | Amendment and fee(s) are sub                    | mitted for filing.   |  |
| Please return all correspor              | ndence concerning this matter                   |  |  |
|  | Richan  | Name of Person All-In-One  | JR-  |
|  |   | Name of Person   |  |
|  | Fick's  | All-In-One   | LLC  |
|  |   | rim/Company  |  |
|  | 10941 Ta  | ngelo Terrace  |  |
|  |   |  |  |
|  | Bonita S  | PRINGS, FL<br>City/State and Zip Code<br>rick @ gmail- Co<br>to be used for future annual report notific | 34135  |
|  |   | City/State and Zip Code  | · · · · ·  |
|  | allinone  | rick & quail. C  | 0M   |
|  |   |  | ation)   |
|  | neerning this matter, please ca                 |  |  |
| Richard                                  | GORENFLO  | at ( <u>339</u> ) <u>961 -</u><br>Area Code Daytime 1  | 3280   |
| Name of                                  | Person  | Area Code Daytime  | Felephone Number   |
|  |   |  |  |
| Enclosed is a check for the              | e following amount:                             |  |  |
| ₹ \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>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

Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-37-17 and ass

Florida document number 117000345942.

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." |
|--|--|
| Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the resistance of the second se | <b></b>  |
| (Principal office address MUST BE A STREET ADDRESS)  | 是 另 円  |
|  | 27   |
|  | - P T  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | 0.: O.   |
|  |  |
| B. If amending the registered agent and/or registered office address   | an our records enter the name of the               |
| registered agent and/or the new registered office address here:  | on on records, enter the name of the               |
|  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Florida street address                             |
|  |  |

#### w Registered Agent's Signature, if changing Registered Agent:

tereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apany has been notified in writing of this change.

City

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 |
|--------------|----------------------|--|----------------|
| MGR          | Richard Gorantlo, JR | 10941 Tangel. TERRACE                            | Add            |
|              |                      | 10941 Tangel. TERRACE<br>Borita Springs, Fr 3413 | Remove         |
|              |                      |  | Change         |
|              |                      |  | □ Add          |
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|              |                      |  | Change         |
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|                   |                                 |                                       |                           |                                       |                     |               |               |                                    | •••   | F.d             |               |
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| Taatiwa d         | lata if atha                    |                                       | <i>C</i>                  |                                       |                     |               |               | •                                  |   |                 |               |
| ın effective      | e date is listed, (             | than the date<br>the date must be s   | pecific and o             | cannot be pr                          | ior to date of      | filing or mor | e than 90 day | ( <b>option</b> a<br>/s after fili | ng.) Purs                                     | uant to 6       | 05.020°       |
| ote: If the       | e date inserte<br>effective dat | d in this block of<br>e on the Depart | toes not me<br>ment of St | eet the app<br>ate's record           | licable stat<br>Is. | atory filing  | equiremen     | ts, this da                        | ite will r                                    | not be li       | sted as       |
|                   |                                 |                                       |                           |                                       |                     |               |               |                                    |   |                 |               |
| record<br>The 90t | specifies a<br>h day after      | delayed eff<br>r the record           | ective da<br>is filed.    | ate, but r                            | not an ef           | fective tin   | ne, at 12     | :01 a.n                            | n. on t                                       | he ear          | lier o        |
| ited              | 12-3                            | 20                                    |                           | 201                                   | 7.                  |               |               |                                    |   |                 |               |
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee