

Office Use Only



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COVER LETTER

SUBJECT: K&D Manufacturing, LLC. Name of Limited Liability Company
Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David V. Kelley Name of Person
K&D Manufacturing, LLC
411 SE Starflower Ave
Port St. Lucie FL 34983 City/State and Zip Code
invertboot@amail_com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David V. Kelley at (172) 342. 6844 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$ \$\sum_{\text{Solono}} \sum_{\text{Solono}} \sum_{\text{Certificate of Status}}\$\$ \$\sum_{\text{Certified Copy}} \\ (\text{additional copy is enclosed})\$\$ \$\sum_{\text{Certified Copy}} \\ (\text{additional copy is enclosed})\$\$

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



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	Chilly.
The Articles of Organization for this Limited Liability Company were filed on February 18,2018 and as Florida document number L17000254295.	signed
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 "LE" or the abbr	,LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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record specif The 90th day	ies a delayed effe after the record i	ective date, bu s filed.	ut not an effecti	ve time, at 12:0	1 a.m. on the	earlier of:
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Page 3 of 3

Filing Fee: \$25.00