

L18000023978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

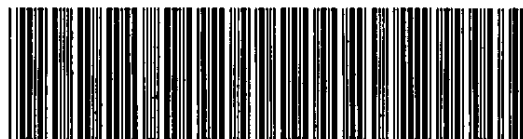
(Document Number)

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2018 MAY -U P 2:48
TALLAHASSEE, FLORIDA

5/18/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2018

KEVIN SOLOMON
678 FORT WILLIAM DR
SAINT JOHNS, FL 32259

SUBJECT: KES ARCHITECTS, LLC
Ref. Number: L18000023978

We have received your document for KES ARCHITECTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the PLLC purpose on Section D of application.

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 Scott
Regulatory Specialist II

Letter Number: 218A00006107

RECEIVED

2018 MAY -4 AM 11:40

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2018 MAY -4 PM 2:48

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KES ARCHITECTS, 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:

KEVIN SOLOMON

Name of Person

KES ARCHITECTS, LLC

Firm/Company

678 FORT WILLIAM DRIVE

Address

SAINT JOHNS, FL 32259

City/State and Zip Code

KEVIN@KES-ARCHITECTS.COM

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

For further information concerning this matter, please call:

KEVIN SOLOMON

Name of Person

at (904) 564-0099

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KES ARCHITECTS, 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 FEBRUARY 1ST, 2018 and assigned Florida document number L18000023978.

This amendment is submitted to amend the following:

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

KES ARCHITECTS, PLLC

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)

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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AS A REGISTERED ARCHITECT WHO HOLDS A PROFESSIONAL
LICENSE IN THE STATE OF FLORIDA AND IS DOING BUSINESS
UNDER A FICTITIOUS NAME, THE DEPARTMENT OF BUSINESS
AND PROFESSIONAL REGULATION (DBPR) REQUIRES THAT A
LIMITED LIABILITY COMPANY (LLC) BE IDENTIFIED AS A
PROFESSIONAL LIMITED LIABILITY COMPANY (PLLC). THIS
REQUEST IS AN ATTEMPT TO CHANGE THE NAME OF THE
COMPANY TO FULFILL THAT REQUIREMENT.

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2018 MAY -11 PM 2:48
TALLAHASSEE, FLORIDA

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

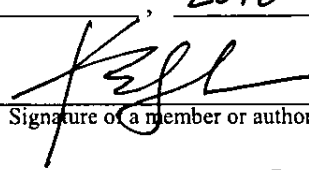
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 21ST, 2018


Signature of a member or authorized representative of a member

KEVIN E. SOLOMON

Typed or printed name of signee