Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Corporate Filing Menu

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COVER LETTER

TO:				
AL A STORE MADE	KMS FAM	ILY, LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	, <u>, , , , , , , , , , , , , , , , , , </u>
The end	closed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please :	retum all correspo	ndence concerning this matter	to the following:	
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		Legalzoom.com, Inc.		
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	Name of Person Legalzoom.com, Inc. Firm/Company			
		Glendale, CA 91203		
		<u></u>	City/State and Zip Code	agencies o bestelle and the manufacture of the P
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For fur	eber information o			·
	non Mocales		800 773-0888	•
	Name o	f Person	at () Area Code Daytine	c Telephone Number
Enclose	ed is a check for th	he following amount:		
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
	Registi Divisio P.O. B	ration Section on of Corporations ox 6327	Registration Section Division of Corpor Clifton Building	an ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMS FAMILY, LLC		
(Nume of the Limited Lia (A Fig	bility Company as it now appears on our record	is.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 02/21/2018	
This amendment is submitted to amend the following	<i>;</i> ;	
A. If amending name, enter the new name of the	limited liability company here:	
Bodyguard Bottles, LLC		
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 RE A STREET AD	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		+ -
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our record address here:	s, enter the name of the new
Name of New Registered Agent:	y man and and a supplier of market about 1950 and a supplier of a supplier of a supplier of the supplier and a supplier an	A STATE OF THE STA
New Registered Office Address:	Enter Florida street addre.	
· Abort	City Fl	orida

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>	Address	Type of Action
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an ei lote:	Rective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ncui	ment's effective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ih	e 90th day after the record is filed.
a te c	1 <u>JA, 28, 2020</u>
	Supplies of a manufactured programmentation of a manufacture of a manufact
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00