L18000115331

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900333130749

08/31/19--01005--067



Amend

AUG 2 2 7019 I ALBRITTON

COVER LETTER

Division of Corpo	rations				
SUBJECT:	KN TOPS LLC Name of Limited Liability Company				
The enclosed Articles of An	mendment and fee(s) are submitted for filing.				
Please return all corresponde	dence concerning this matter to the following:				
	CARLOS KLOOSTERBOER				
	KN TOPS, LLC Firm/Company				
	Firm/Company				
	3031 NE 12th TERR.				
	Address				
	OAKLAND PARK, FL, 33334				
City/State and Zip Code					
_	CARLOS @ KNTOPS. COM				
	E-mail address: (to be used for future annual report notification)				
For further information conc	cerning this matter, please call:				
CARLOS K	LOOSTERBOER 11561, 929-5225				
Name of Po	crson at (561) 929-5225 Area Code Daytime Telephone Number				
Enclosed is a check for the f	following amount:				
\$25.00 Filing Fee	(additional copy is enclosed) Certified (of Status &			

. .

TO:

Registration Section

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



August 13, 2019

CARLOS KLOOSTERBOER 3031 NE 12 TER. OAKLAND PARK, FL 33334

SUBJECT: KN TOPS LLC Ref. Number: L18000115331

We have received your document for KN TOPS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 319A00016620

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Or	•		^ , .
		as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Lial Florida document number L 8000115	bility Company v らうろし	vere filed on <u>5/な</u>	7/2018	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabil	ity company here:		
The new name must be distinguishable and contain the wor		–		
Enter new principal offices address, if applical	ble:	OAKLAND FLORIDA ?	2th TER	
(Principal office address MUST BE A STREET	ADDRESS)	OAKLAND	PARK	
	_	FLORIDA 3	33334	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		BOBI NE DAKLAND P FLORIDA =		
B. If amending the registered agent and/or registered agent and/or the new registered offi			cords, <u>enter t</u>	he name of the new
Name of New Registered Agent:				
New Registered Office Address:	30311	SE 12+4 To	ER. address	
	OAKLANT	D PARIC	Florida	33334
		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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = N $AMBR = A$	lanager uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Remove

_□ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	AUGUST 1844 . 2019.
	Signature of a member or authorized representative of a member
	CARLOS KLOOSTERBOER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00