# 118000150883

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DIVISION OF CLARES LAT

N COOPER JUN 2 2 2018

### **COVER LETTER**

	tion Section of Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Debra L Schildt Name of Person
	KDDCB, LLC Firm/Company
	801 Y2 GULF BLVD, UNIT C
	Indain Rocks Peach, FL 33785  City/State and Zip Code  debra. Schild + Ogmail. Com  E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
D	POPTAL Schildt at 858 602 6093  Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25,00 Filing	Fee \$\sigma\$\$\\$30.00\$ Filing Fee & \$\sigma\$\$\$\\$55.00\$ Filing Fee & \$60.00\$ Filing Fee,  Certificate of Status Certified Copy  (additional copy is enclosed) 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 **OF**

(Name of the Limited Liability Comp	B LLC sany as it now appears on our reco Liability Company)	<u>rds</u> )	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800015088</u> 3	y were filed on 619	2018 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	oility Company," the designation "Ll	C" or the abbreviation "L	.L.C."
Principal office address MUST BE A STREET ADDRESS)		18	S
Tricipal office dadress most bi. A STREET ADDRESS		ال	
		22	100 00 100 00 10
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.			of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr		
	ғлиет r tortaa street адан	E33	
		Florida Zip Code	
	City	лр Code	
New Registered Agent's Signature, if changing Registered Agent	<u></u>		

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address  Signal Va Gual C Bland (1) Cli	Type of Action
<u>M6R</u>	Brian K Carren	Address 801 1/2 Gulf Blud, "C" Indain ROCK Bluchs fl 33	Add
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fan effec <b>Note:</b> I	option (option) the date of filing:	filing.) Pursuant to 605,0201
	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on the earlier o
Dated _	6/21/18 Dra L Deheldt, owne	r Imer
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00