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COVER LETTER

TO:	Registration Se Division of Cor					
	KB & ME	LLC				
SUBJECT: Name of Limited Liability Company						
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Kayla Miller				
		KB & ME LLC	Name of Person			
		3364 Fort Collins Ln.	Firm/Company			
		Tallahassee FL 32304	Address			
		kbandmedesigns@yahoo.co	City/State and Zip Code om			
		E-mail address: (to be used for future annual report notif	leation)		
For fu	rther information c	oncerning this matter, please ca	all:			
kayla	miller		954 604-8077 at ()			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclos	sed is a check for th	ne following amount:				
■ \$2	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

TO ARTICLES OF ORGANIZATION OF

KB & ME 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 and assigned 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ó. 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

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

or removed from our records:

MGR = Manager .
AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> Kayla Beth Miller	Address 3364 Fort Collins Lane	Type of Action
		Tallahassee, FL 32304	Add
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		01/01/2019	
E. Effect (If an ef	ive date, if other than the date of filing ective date is listed, the date must be specific and	g:	Pursuant to 605,0207 (3)(b
Note:	If the date inserted in this block does not nent's effective date on the Department of S	neet the applicable statutory filing requirements, this date	will not be listed as the
docum	the servetive date on the Department of 3	nate s records.	
f the re	ord specifies a delayed effective d	late, but not an effective time, at 12:01 a.m.	on the earlier of:
	90th day after the record is filed.		
	November 28	2018	
Dated	November 28		
		1.00 10000	
	Signature of a r	nember of authorized representative of a member	
	-	,	
	Kayla Miller		
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00