L19000047808

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COVER LETTER

Division of Corp			
SUBJECT:	R K LNSC Name of Limit	led Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Na	Namo of Person	
	BC	KINSULO Firm/Company	Hion LLC
	530	3 Lance	5+
	Panav	City/State and Zip Code	FL 32404
	E-mail address: (i	DK INSULATION OF BE USED FOR THE PORT NOTE	Ginal, Com
For further information co	ncerning this matter, please ca		
Name of	e Newton Person	at (<u>334)</u> 497- Area Code Daytim	9800 e Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

T&K Insu	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1190004780.8	were filed on Feb. 18, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ny Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5303 Lance St.
(Principal office address MUST BE A STREET ADDRESS)	Farrama City Fl 32404
Enter new mailing address, if applicable:	5303 Lance St.
(Mailing address MAY BE A POST OFFICE BOX)	Panama City FL 32404
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter-the name of the new
Name of New Registered Agent:	21 23
New Registered Office Address:	
	Enter Florida street address
	Cuy 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> 11tte</u>	Name	Address	Type of Action
HBR_	Nancy Newton		O Add
			☐ Remove
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am <u>br</u>	Katie Johnson		□ Add
		\sim α	Remove 45%
		4904 Coloraso St. Panama	/W/Change /
AMBE	Dames Newton	5303 LANCE St, Panama	Add
		City, F/23	Bremote /0%
		= 1	_D Change
MGR	Thurda Johnson		Add
			Remove
		4904 ColoRpon St (Panama City, F) 3240	Change (10)
		7, 2010	Z□ Add
			_□ Remove
			_□ Change
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n effective date is te: If the date i	other than the d listed, the date must inserted in this blood ive date on the Dep	be specific and cak does not me	cannot be prior to eet the applical	date of filing or ole statutory fil	more than 9 ing require	(option of the control of the contro	tiling.) Pur	suant to 6 not be l	605,020 isted a
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