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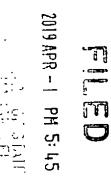
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C. GOLDEN

APR - 8 2019

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: KIK	land Buildi Name of Limit	NG Services LLC led J. iability Company	<u>, </u>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Marciallin	Mand Name of Person	<u></u>
		Firm/Company	
	17028 SW 1	35th LN Address	
	Archer FL Kirklandby E-mail address: (1)	32618 City/State and Zip Code ilding SVCS Dama o be used for future annual region notifi	il.com
For further information con	ncerning this matter, please ca	II:	
Marcia Kin Name of	(Hand Person	at (<u>352</u>) 660 - 9 Area Code Daytime	9229 Telephone Number
Enclosed is a check for the	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 TO ARTICLES OF ORGANIZATION OF

FILED

2019 APR - 1 PM 5: 45

KIRKLAND BUILDING SERVICES, 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 3/19/19 -19000077.383 Florida document number 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 "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

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.

City

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>Name</u> Type of Action Title **Address** 13970 NE 70th Terr DAdd
NewberryFL 32669 Rem Jeffery W. Gilliam MGR ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Change _□ Add ☐ Remove ☐ Change ____ □ Remove _____ □ Change ☐ Add ☐ Remove

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an et <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
Dated	3/28/19 Marcia Hirkland
	Signature of a member of authorized representative of a member
	Marcia Kir Hand Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00