

L19000 162 807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

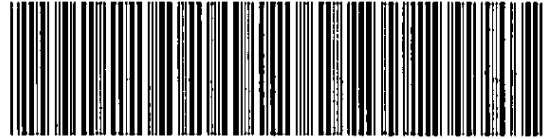
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2019 OCT -3 PM 4:39

C. GOLDEN

OCT - 3 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: K Craig Enterprises  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin M. Craig  
Name of Person

K Craig Enterprises, LLC  
Firm/Company

505 NE 20th Ave. Apt. #214  
Address

Deerfield Beach, FL 33441  
City/State and Zip Code

Kevin.HorizonPA@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Craig at ( 954 ) 729-1051  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building



650 E. Hillsboro Blvd.  
Suite 101  
Deerfield Beach, FL 33441

Office: (954) 491-4646  
Mobile: (954) 559-5662  
Fax: (954) 491-1313  
[info.horizonpa@gmail.com](mailto:info.horizonpa@gmail.com)

To: Claretha Golden

Fax number: (850) 245-6897

From: Kevin Craig

Fax number: TEMP # 954-531-1727

[Fax number]

Date: 10/02/2019

[Pick the date]

Regarding: K Craig Enterprises, LLC

Phone number for follow up:

[Phone number]

954-729-1051

Comments:

I would like to be an Authorized member and/or  
Manager. Thank you!

Kevin Craig



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2019

KEVIN M. CRAIG  
505 NE 20TH AVENUE  
APT. #214  
DEERFIELD BEACH, FL 33441

SUBJECT: K CRAIG ENTERPRISES, LLC  
Ref. Number: L19000162807

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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. **FAX 850-245-6897**

Claretha Golden  
Regulatory Specialist II

Letter Number: 919A00019445

TO  
ARTICLES OF ORGANIZATION  
OF

K CRAIG ENTERPRISES, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 OCT -3 PM 4:39

The Articles of Organization for this Limited Liability Company were filed on 06/20/2019 and assigned  
Florida document number L19000162807.

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 "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

City

Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR & <del>MGR</del>	Kevin M. Craig	505 NE 20 <sup>th</sup> Ave. Apt. 214 Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be at least 30 days before the date of filing.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 4, 2019

Signature of a member or authorized representative of a member

Kevin Craig  
Typed or printed name of signee

Typed or printed name of signee