## 19000186157

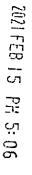
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	siness Entity Name)	
(Do	cument Number)	<del></del>
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Certified Copies	_ Certificates of	Status
Special Instructions to	Eiling Officer	
Special instructions to	Filling Officer.	İ
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Office Use Only



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## **COVER LETTER**

TO: Registration Division of C		s			
SUBJECT:	k	Cavonics	LLC		
SUBJECT:	<u> </u>	Name of Lin	nited Liability Company		<del></del>
The enclosed Articles	of Amendm	ent and fee(s) are sub	omitted for filing.		
Please return all corre	spondence co	oncerning this matter	to the following:		
		Kav	on J Ferre	u	
			Name of Person		<del></del>
		K	Firm/Company		
		4776 Via	Bani Umt (	0108	
					<del></del>
		Laxe Wi	WHA FL, City/State and Zip Code	33463	
		· · · ·	City/State and Zip Cod	e	
		E-mail address:	f 128@gmail.	al report notification	· · · · · · · · · · · · · · · · · · ·
For further informatio	n concerning			·	•
Kowor	n S	Ferrell	at ( <b>B13</b> )	330-E	790
Nam	e of Person		Area Code	Daytime Telep	
Enclosed is a check fo	r the followi	ng amount:			
\$25.00 Filing Fee		0.00 Filing Fee & certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registratio Division of P.O. Box 6 Tallahassee	n Section `Corporati 327		Regist Divisi The C 2415 Y	Address: tration Section on of Corporati entre of Tallah N. Monroe Stre tassee, FL 3230	assee et, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kavonics L	LC B
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on 07 14 2019 and assigned!
This amendment is submitted to amend the following:	06
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	_
Enter new principal offices address, if applicable:	9902 Carlsdule Drive Rivernew FL, 33578
(Principal office address MUST BE A STREET ADDRESS)	Riverview FL, 33578
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	990Z Carkdale Drive Riverview FL, 33578
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Age	City Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	gree to act in this capacity. I further agree to comply with the etc performance of my duties, and I am familiar with and is provided for in Chapter 605, F.S. Or, if this document is

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>Title</u>	<u>Name</u>	Address	Type of Action
		·	□Add
			□Remove
			□Change
			□Add
			Remove
			Change
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		<del></del>	□Remove
			□ Change

. 11 411	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
Note:	etive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	February 4th 2021
	Signature of a member or authorized representative of a member
	Kowon J. Ferreil

Filing Fee: \$25.00