

L19 000 260 254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500339552905

01/24/20--0000--018 **01.01

FILED

2020 JAN 24 PM 12:21

STATE OF ALABAMA
FBI ALABAMA

Anvend

FEB 11 2020

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KMJ Partners, LLC

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:

Marisa Nickie

Name of Person

KMJ Partners, LLC

Firm/Company

6742 Forest Hill Blvd STE. 180

Address

Greenacres, FL 33413

City/State and Zip Code

mnickie@kmjpartnersllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisa Nickie

800

583-6455

at (_____) _____

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KMJ Partners, 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 10/16/2019 and assigned
Florida document number L19000260254.

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)

6742 Forest Hill Blvd. STE 180
Greenacres, FL 33413

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6742 Forest Hill Blvd. STE 180
Greenacres, FL 33413

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:

Keisha Nickie

New Registered Office Address:

6742 Forest Hill Blvd. STE180

Enter Florida street address

Greenacres

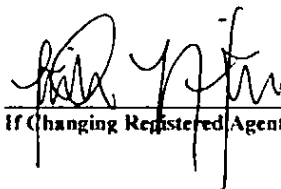
Florida 33413

City

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

FILED
2020 JAN 24 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Keisha Nickie	6742 Forest Hill Blvd. STE 180	<input checked="" type="checkbox"/> Add
		Greenacres, FL 33413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James Prophete	6742 Forest Hill Blvd. STE 180	<input checked="" type="checkbox"/> Add
		Greenacres, FL 33413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record 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 record is filed.

Dated January 21, 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MARISA NICHIE

Typed or printed name of signee

Filing Fee: \$25.00