LZ0 000010971

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusings Entity Name)
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer.

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COVER LETTER

Division of Co					
	TAIL, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	KEVIN REDLING				
	·	Name of Person			
	HARDING BELL INTER	NATIONAL, INC			
	 	Firm/Company			
	113 PONTOTOC PLAZA				
		Address			
	AUBURNDALE, FL 338	23			
		City/State and Zip Code			
	CLIENTSERVICES@HBF				
		to be used for future annual report notifi	(cation)		
For further information	concerning this matter, please of	all:			
KEVIN REDLING		863 968-1010			
Name	of Person	at () 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, F1, 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

KMI RETAIL, LLC		
(<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 $\frac{1.20000010974}{2.00000010974}$.	any were filed on 01/03/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited h	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET_ADDRESS)	<u> </u>	8EC
		→ → → → → → → → → →
		24 SSI
Enter new mailing address, if applicable:		Ho -
(Mailing address MAY BE A POST OFFICE BOX)		125
		RATE LE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	Chy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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>Title</u>	Name	<u>Address</u>	Type of Action
MGR	KEITH MCDONNELL	4095 ISABELLA CIRCLE	■ Add
		WINDERMERE, FL 34786	□ Remove
			☐ Change
			□ Remove
			□ Change
	·		SECRETARIA
			ZEO MAREZU PU I: LES SEICRE PERRY OF STATE ALLAHASSEE, FLORID
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			[] Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or other. If the date inserted in this block does not meet the applicable statutory filing	(optional) more than 90 days after filing.) Pursuant to 605.0
cument's effective date on the Department of State's records.	ng requirements, this date will not be listed
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
ted FEBRUARY 10 202	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00