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## **COVER LETTER**

TO:

	egistration Sec vision of Corp			
eub ie <i>e</i> w	KC	)WM, LLC		
SUBJECT		Name of Lin	nited Liability Company	
Thlas	المستدادة المساهات	Amenda was and Sect (2)	16 CI	
		Amendment and fee(s) are sub	-	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		William	Kline	
			Name of Person	
		KOWM		
			Firm/Company	
		92 Eglin	Parkway NE	
			Address	
		Fort Walte	Oity/State and Zip Code  Ne @ hotmail.com	
		illia ookli	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notification)	
For further	information co	ncerning this matter, please c	all:	
Will	Name of	line	at (850) 543 5681 Area Code Daytime Telephone Number	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the	e following amount:		
□ \$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Statu Certified Copy (additional copy is enclosed)	
	uiling Address		Street Address:	
	gistration So vision of Co		Registration Section Division of Corporations	
Р.	D. Box 6327		The Centre of Tallahassee	
Та	llahassee. Fl	L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOWM,	LLC
	Liability Company as it now appears on our records.)
- (Λ	Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number	bility Company	were filed on 2	4/2020	anti as	signed
Florida document number L20000 411 (	06			FEB	-T1
This amendment is submitted to amend the follow	ving:			• •	
A. If amending name, enter the new name of	the limited liabi	ility company here:		. =	
				1 8: 4 - 8: 4	
The new name must be distinguishable and contain the wo	rds "Limited Liabil			abbreviation ।	IC."
Enter new principal offices address, if applica	ble:	92 Eglin	Parkway	NE	
(Principal office address MUST BE A STREET		Fort Wall	ton Beac	h,FL	32548
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	92 Eglin Fort Walton	Parkway Beach, p	NE =L 325	~યં વૃ
B. If amending the registered agent and/or reagent and/or the new registered office address	•	nddress on our record	ls, <u>enter the na</u>	me of the ne	w registered
Name of New Registered Agent:	Will	iam Kline Eglin Parkway	·		
New Registered Office Address:	92 E	Eglin Parkway  Enter Florida str	NE reet address		
	Fort Wal	ton Beach	, Florida	32548	
		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

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	Address	Type of Action
MGR	William Kline	4504 JUHN AUENHE	Œ⁄dd
		DESTIN, FL 32541	□Remove
			□Change
AMBR	Ted Densmore	25 Bay Drive NE	<b>©</b> Kaa
		25 Bay Drive NE Fort Walton Beach, FL 3259	Remove)
			Change
AP	Byron Cotton	3 Plew Avenue	Change Ch
		3 Flew Avenue Shalimar FL 32579	<b>K</b> Remove
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Typed or printed name of signee

Filing Fee: \$25.00