120000061692

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Či	ty/State/Zip/Phone #)	
•		
PICK-UP	WAIT	MAIL
	usiness Entity Name)	
(60	isiness Linky Name)	
(Ux	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	-	

Office Use Only



500353400615

10/13/20--01024--025 **30.00

20 0CT 13 FINE: 40

Come Chand

KOV 1 8 2020 D CUSHING

COVER LETTER

	Registration Section Division of Corpor			<u> </u>		
SUBJEC	ст: <u>К Јз</u>	Kuth + St	ted Liability Company	A:		
		endment and fee(s) are subtence concerning this matter t				
	er information conc	STEME OCK, FI E-mail address: (1) erning this matter, please ca	Firm/Company Firm/Company Fie wild Drive Swith Address 32 cycly City/State and Zip Code 5 5 4 5 7 5 0 4 5 o be used for future annual report not	ne (co). ification)	20 OCT 13 FH12: 40	SELECT RY OF STAIL
<u>Jair</u>	Neu M. Br. Name of Pe	rson	at (337) 322. Area Code Daytin	ne Telephone Number		
Enclosed	is a check for the f	ollowing amount:				
□ \$ 25,0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &	
	Mailing Address:		Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

Te	0	12 0°2
ARTICLES OF O	RGANIZATION	2 95
0		0
V	•	2 学游。
KJS K42 4 Styles LLC (Name of the Limited Liability Compa) (A Florida Limited L		and assigned
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4 20000 0 61694	were filed on 02/25/2020	and assigned
This amendment is submitted to amend the following:		
1.16		
A. If amending name, enter the new name of the limited liabi	<u> </u>	
KJS KU+2 + Lange L.L.C The new name must be distinguishable and contain the words "Limited Liability of the contain the words" of the contain the words "Limited Liability of the contain the words "Limited Liability of the contain the words" of the contain the words "Limited Liability of the contain the words" of the contain the words "Limited Liability of the contain the contain the words of the contain the contain the words of the contain the co		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	843 Pineward Drive	
(Principal office address MUST BE A STREET ADDRESS)	Live Octs, Fl. 3206	24
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BH3 Pineward Drive Line dak, Fl. 3204	Swith west
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove

-	
-	
-	
-	
-	
_	
-	
Effect	ive date, if other than the date of filing: (optional) ective 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
if an eff Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
	d 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
d is fil	ed.
Dated	28 Sept 2010.
<	Signature of a member of authorized representative of a member
(Signature of a member of authorized representative of a member