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COVER LETTER

SUBJECT:	Kay's Mo	ited Liability Company	bre LLC	
	Amendment and fee(s) are sub	_		
Please return all correspo	ndence concerning this matter	to the following:		
	- Angelo	Name of Person		
	metays Ma	cintenance 4 Mo	ore LhC	·
	1530 Soud	rhwood PL. Address	HAR -6 PM	
	St. Aug. F	City/State and Zip Code	PH 2: 09	J
	angela me E-mail address: (to be used for future annual report notif	lication)	
For further information ed	oncerning this matter, please ea	all:		
Angela_name of	MCKay Person	at (204) (c) (2) Area Code Daytime	- 25 18 e Telephone Number	
Enclosed is a check for th	e following amount:			
W. \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ı
Mailing Address	s:	Street Address:	ation.	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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TO:

Registration Section Division of Corporations

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**

McKay's Maintenance of More LLC Warne of the Limited Liability Company as it now appears on our records.)
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 4	0206 K	and assigned	j
Florida document number <u>L2000098234</u> .	,	I		
Florida document number Lacocco 98234. 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent: New Registered Office Address: Enter Florida street address				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	n "LLC" or the abbrevi		
Enter new principal offices address, if applicable:		;-	<u> </u>	
• • •		<u> </u>		
(Trincipal office dualess MOST DE A STREET ADDRESS)		22	1	
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Enter new mailing address, if applicable:		<u> </u>	N C	
(Mailing address MAY BE A POST OFFICE BOX)			9	
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 name of	the new reg	<u>istered</u>
Name of New Registered Agent:				
New Registered Office Address:				
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" of Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address			
		. Florida		
	City		ip 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	

410412020 and assigned

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
AMBR	Ryan McKay	1530 Southwood P.	□Add
	'	1530 Southwood P. St. Aug. Fl. 32084	Remove
			□Change
			□Add
			□Rетюve
			□Change
			ZAAdd ₩ No. 1
		r 3> i II d 3- i	Remove
		A SSEE, FL	PM Chair
			7. 09 □Add
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Effective date, if ot an effective date is list Sote: If the date insolocument's effective	ed, the date must be spected in this block do	eific and cannot es not meet the	be prior to date c applicable sta	f filing or more that tutory filing requ	(option 90 days after the streements, this	iling.) Pur	suunt to (not be l	605.020 isted a
record specifies a de d is filed.	slayed effective date,	but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90t	h day a	fter the
ated February	ary 28.	th. 2	D 3 3.	1/				

Filing Fee: \$25.00