

L2000083 158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2021 SEP 29 PM 3:14
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COVER ANY WALL, LLC

Name of Limited Liability Company

NAME change to: Kriq Co, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

~~KYLE N. BYRNES~~

MARC S. BYRNES

Name of Person

Firm/Company

~~7910 SW 204 STREET~~

7390 PALM ISLAND DRIVE

Address

~~CUTLER BAY, FL 33489~~

PLAZA, Florida 33946

City/State and Zip Code

~~KYLE@WALLSENSATIONS.COM~~

mburnes@osvokcompanies.com

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

For further information concerning this matter, please call:

JEFFREY STEINER

954

969-8786

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

2021/01/23 PM 2:14

COVER ANY WALL, 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 06/29/2020 and assigned
Florida document number L20000183158.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KAI & CO, LLC

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)

7910 SW 204 STREET

7390 Palm Island Drive

CUTLER BAY, FL 33189

Placida Florida 33946

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7910 SW 204 STREET

7092 Placida Rd. SS #8

CUTLER BAY, FL 33189

Placida Florida 33946

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:

MARC S. BYRNES

New Registered Office Address:

7910 SW 204 STREET

7390 PALM ISLAND DRIVE

Enter Florida street address

Placida
CUTLER BAY

City

Florida

33189 33946

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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARC S. BYRNES	7390 PALM ISLAND DRIVE	<input checked="" type="checkbox"/> Add
		PLACIDA, FLORIDA 33946	<input type="checkbox"/> Remove
		7910 SW 204 STREET	<input checked="" type="checkbox"/> Change
AMBR	Kyle N. Byrnes	Cutter Bay, Florida 33189	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please Note MAILING ADDRESS

7092 PLACIDA ROAD, S58

PLACIDA Florida 33946

46 Marc S. Byrnes, MCA

KAI & CO, LLC

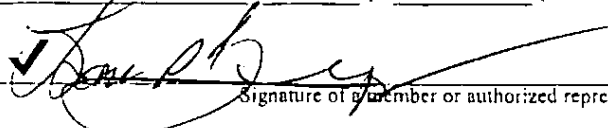
E. Effective date, if other than the date of filing: _____ (optional)

(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 SEPTEMBER 23, 2021



Signature of member or authorized representative of a member

~~MARC S. BYRNES~~

MARC S. BYRNES

Typed or printed name of signee

Filing Fee: \$25.00