LZ0000254259

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09/03/20--01018--016 **60.00



COVER LETTER

CHIEN BELGIER			•
SUBJECT:	Name of Lin	ited Liability Company	:
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
	KENNETH WILSON		
	BJECT: KW SITE SERVICES LLC		
	6339 SINGLETREE TRL		
		Address	
	SARASOTA, FL 34241		
			tion)
For further information			
KENNETH WILSON			
Name	of Person	Area Code Daytime To	elephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addro	ess:	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

KW SITE SERVICES LLC

27381 -0 711 4:03

(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 Lia Florida document number L20000254259	ability Company	were filed on 8/31/2020	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	6339 SINGLETREE TRI	-
Principal office address MUST BE A STREET ADDRESS)		SARASOTA, FL 34241-	9510
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office :		enter the name of the new registered
Name of New Registered Agent:	KENNETH WI	LSON	
New Registered Office Address:		Enter Florida street o	uldress
		Chri	Florida Zip Code
		Ciţy	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 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 Address	i 4: Type of Action
AMBR	Kenneth S W:150N	6339 Single tree trail	
			□Remove
			□Change
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ective date, if other than the da effective date is listed, the date must be			ional) - Gling \ Purruent to 605 020
e: If the date inserted in this block			
ument's effective date on the Depa	rtment of State's records.		
cord specifies a delayed effective de	ite, but not an effective time, at 1	2:01 a.m. on the earlier of: () The 90th day after the
s filed.			
	205		
AUGUST 31ST	2020		
		_	
Sig	nature of a member or authorized rep	presentative of a member	