## L20000 276360

(R	equestor's Name)	
A)	ddress)	
Α)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL.
(B	usiness Entity Name)	· · · · · ·
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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2020 OCT 2 & AM II: 31



## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: K	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Kurt Calvis	Name of Person	
	KCYLVI	LLC. Firm/Company	<del></del>
	10328 110°4	WOLK (Address	<u> </u>
	LOTZO FL KCGCADCCG E-mail address: (1)	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Cod	ufication)
For further information con	cerning this matter, please co	ull:	
Kurt Calvin Name of P	Sand)	at ( <u>747</u> ) <u>278 -</u> Area Code Daytin	9946 ne Telephone Number
Enclosed is a check for the	following amount:		
S≥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)
M. Programme			

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

- K CALVIN LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on o Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>09</u> /6	04/20 an <b>æ</b> ssigned
Florida document number <u>L2COC627636C</u>	<u>)</u> .	18 T
This amendment is submitted to amend the following:		124 ILE
A. If amending name, enter the new name of the limit	ed liability company here:	on "I I C" or the abbreviation "I I C"
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designal	ion "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		Florida
	Cit <sub>l</sub> y:	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	Kurt Colvin Sand	10339 110th War	
		10339 110th War. Largo, Fl 33778	Remove
			Remove
			Remove
			□Change
			□Add
			□Remove
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Note: If the d	te, if other than ate is listed, the dat late inserted in the ffective date on the	nis block does r	not meet the ap	plicable statuto	ing or more than 9 ory filing require	(optiona 0 days after fili ments, this da	al) ng.) Pursuant to 605. te will not be liste	0207 ( ed as t
record specif d is filed.	fies a delayed ef	ective date, but	t not an effecti	ve time, at 12:0	I a.m. on the ea	rlier of: (b)	The 90th day after	the
Dated <u>O</u> C	tober	19, 2C2	<u>(C. 218</u>	MPQ				
	./ . /	1 0	<b>)</b>	_	sentative of a men			

Typed or printed name of signee