120000291783

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		_

Office Use Only



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2022 HAR 21 AH 10: 3

cf 4/1/2022

COVER LETTER

TO:	Registration Se Division of Cor		<i>3</i>	3	•		
erm u	, KCWH, LL	.c	;				
SUBJI	EC1:	Name of Lim	ited Liability	Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for fil	ling.			
Please	return all correspo	ondence concerning this matter	to the follow	ving:			
		Wesley Hunt					
			Name	of Person			
		KCWH, LLC					
			Firm/C	Company			
		1923 Cross Pointe Way					
			Ad	dress			 _
		St. Augustine, FL 32092					
			•	and Zip Coc	de		
		whunt@complianceview366 E-mail address: (future annu	al report notifi	cation)	
For fur	ther information c	oncerning this matter, please of					
Wesle	y Hunt				573-7687		
	Name o	of Person	at (A	rea Code	Daytime	Telephone l	Number
Enclos	ed is a check for the	he following amount:					
≅ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certi	0 Filing Fe fied Copy ional copy is		Co Co	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
	Mailing Address Registration 9				Address: stration Sec	tion	
	Division of C	Corporations		Divis	sion of Corp	orations	
	P.O. Box 632	27		The C	Centre of Ta	allahassec	:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 21 AM 10: 37

KCWH,LLC		
(Name of the Limi	ited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	TALLAHASSEE, FL
	Liability Company were filed on 09/16/2020	and assigned
his amendment is submitted to amend the fol		
. If amending name, enter the new name of	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
inter new principal offices address, if appli-	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
3. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our records, <u>ente</u> e <u>ss here</u> :	er the name of the new regist
Name of New Registered Agent:	Wesley Hunt	
New Registered Office Address:		
	Enter Florida street addr	ess
		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>	Name	Address	Type of Action
ANBR	Wesley Hunt	1923 Cross Pointe Way St. Augustine, FL 32092	□Add
			□Remove
			= Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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ote:	ve date, if other than the date of filing:
recore Lis til	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 ed.
ated .	March 16 2022
	Signature of a member or authorized representative of a member

· · · ·

Filing Fee: \$25.00