120000304290

| (Requestor's Name) |
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| (Address) |
| (Add and) |
| (Address) |
| (City/State/Zip/Phone #) |
| , , , , , , |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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| | Division of Co | | | * |
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| e1:01e7 | CSS CAR | EERS LLC NAME CHANGE | | |
| SUBJEC | ,1: <u></u> _ | Name of Lit | nited Liability Company | |
| The enck | osed Articles of | Amendment and fee(s) are su | bmitted for tiling. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | Cassandra Spalding | | |
| | | | Name of Person | |
| | | CSS CAREERS LLC | | |
| | | | Firm/Company | |
| | | 3485 WORTHINGTON O | OAKS DR | |
| | | | Address | |
| | | ORANGE PARK, FL. 329 | 065 | |
| | | | City/State and Zip Code | ···· |
| | | CASSANDRASPALDING | =- | |
| | | | to be used for future annual report no | (tification) |
| For furthe | er information c | oncerning this matter, please c | all: | |
| CASSAN | NDRA SPALDI | NG | 786 288-9479 at () | |
| | Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$25.0 | 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) |
| | Mailing Addres | | Street Address: | |
| | Registration S Division of C | | Registration Section of Co | |
| | P.O. Box 632 | | The Centre of | |

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| ARTICLES OF | |
|---|--|
| ARTICLES OF C | DRGANIZATION O |
| C | OF STATE OF THE PROPERTY OF TH |
| CSS CAREERS LLC | AM R. |
| (Name of the Limited Liability Comp. (A Florida Limited | ORGANIZATION OF Any as it now appears on our records.) Liability Company) |
| | • • |
| The Articles of Organization for this Limited Liability Company | were filed on and assigned |
| Florida document number 1.20000304290 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liah</u> | ility company here: |
| KC STREAMLINE LLC | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L.I.C" or the abbreviation "L.E.C." |
| Enter new principal offices address, if applicable: | 3485 WORTHINGTON OAKS DR |
| (Principal office address MUST BE A STREET ADDRESS) | ORANGE PARK, FL 32065 |
| | |
| | |
| Enter new mailing address, if applicable: | 3485 WORTHINGTON OAKS DR |
| Mailing address MAY BE A POST OFFICE BOX) | ORANGE PARK, FL 32065 |
| | |
| | |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| the heavy egistered white address here. | |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 | Type of Action |
|--------------|-------------|---------|----------------|
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| . If amending any othe | er information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Effective date, if other | r than the date of filing: (optional) |
| Note: If the date inserte | r than the date of filing: |
| he record specifies a detay ord is filed. | yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated September 4 | 2023 |
| | |
| | Signature of a member or authorized representative of a member |
| CASSANDR | RA SPALDING |
| | Typed or printed name of signee |

Filing Fee: \$25.00