L210000834299

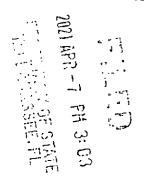
(Re	questor's Name)	<u>.</u>
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Step 1

COVER LETTER

TO: Registration S Division of Co			
Rahmig, l	LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Carol Rahmig		
		Name of Person	
	Rahmig, LLC		
		Firm/Company	. 2
	818 Hope Ave		2021 APR -7
		Address	
	New Smyrna Beach, FL 3	2169	- D
	carol@rahmigllc.com	City/State and Zip Code	PH 3: 03
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Carol Rahmig		386 236-6860	
Name of Person			: 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 Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroc Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kanmig, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	·
The Articles of Organization for this Limited Liability Company value document number <u>L21000083429</u> .	were filed on <u>2/18/2021</u>	and assigned
(Name of the Limited Liability Company as it now appears on our records.) (A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/18/2021 and assigned lorida document number L21000083429 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC". The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address MAY BE A POST OFFICE BOX) The famining address on our records, enter the name of the new register gent and/or the new registered office address here:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		21
Principal office address MUST BE A STREET ADDRESS)		27
		7
		-1 ;-e7
Inter new mailing address, if applicable:		
•	1	
		· * (5
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ie name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carol M Rahmig	818 Hope Ave	= Add
		New Smyrna Beach, FL 32169	□Remove
			□Change
			□Add
			□ Remove
			Add [7]
			☐ ☐ Change
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ective date, if other than	the date of fili	ា ខ្ម:		(opti	onal)	
effective date is fisted, the date <u>e:</u> If the date inserted in th	must be specific a is block does not	id cannot be prior to meet the applicab	date of filing or mo le statutory filing	re than 90 days after	filing) Pursuant to 6	05.020 sted a
ument's effective date on th	ie Department of	State's records.		•		
cord specifies a delayed effe	erive date hat no	nt an affective tim	s at 12:01 a.m. o	or the compliant of the	A The MALL A	
s filed.	weite and the me	A an effective tigh	c. ac (=.0) a.m. ()	a the earner of, (c	i) – the wall day at	ter ine
April 2		2021				
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Typed or printed name of signce