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Office Use Only



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21 APR 23 AM 9: 57

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corp	oorations		
K & T Nurs			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Kimberly A Morgan		
		Name of Person	
	K & T Nursery LLC		
		Firm/Company	
	885 Amberjack Lane		
		Address	
	Atlantic Beach FL 32233		
		City/State and Zip Code	
	ktnursery@gmail.com		(Heart and
For further information c	n-mail address: to oncerning this matter, please ea	to be used for future annual report not all:	mication?
Debbie Simmons		904 242-2664 x	
Name o	f Person	at () Area Code Dayvir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration S	ection
Registration S Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



K & T Nursery LLC

21 APR 23 AH 9: 57

(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 Liability Company	were filed on <u>3/23/2021</u>	and assigned
Florida document number 1.21000136420		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	885 Amberjack Lane	
(Mailing address MAY BE A POST OFFICE BOX)	Atlantic Beach FL 21122	
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		me of the new registered
	Enter Florida street address	
	Florida _	Zin Code
New Registered Agent's Signature, if changing Registered Agent:		7.47 ().44
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	vee to act in this capacity. I further o performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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 = N $AMBR = A$	lanager authorized Member		ATTACK TO TACK
<u>Title</u>	<u>Name</u>	Address	21 AFR 23 AM 9: 5 Type of Action
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Tective date, if other th	an the date of filing:	(optional)
ote: If the date inserted in	date must be specific and cannot be prior to date of a this block does not meet the applicable stant in the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0 atory filing requirements, this date will not be listed
record specifies a delayed is filed.	effective date, but not an effective time, at 13	2:01 a.m. on the earlier of: (b) The 90th day after t
ated April 19	2021	
/ / 1	Wyy Mongan - Wo	

Filing Fee: \$25.00

Typed or printed name of signee