

K21 000 205 334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

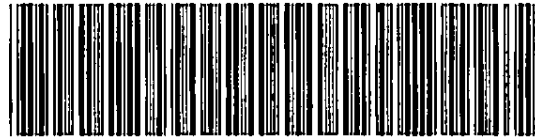
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2022 FEB 22 AM 9:33
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KDW Fitness, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristie Wellon
Name of Person

Firm/Company

1070 Montgomery Rd Unit 536
Address

Altamonte Springs, FL 32714
City/State and Zip Code

admin@kdwfitness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristie Wellon at (407) 430-7224
Name of Person Area Code Daytime 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 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**

KDW Fitness, LLC

(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 5/3/2021 and assigned Florida document number 21000205338

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KDW Claims, LLC

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1070 Montgomery Rd Unit #536
Enter Florida street address
Altamonte Spgs Florida 32714
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	(ADD) Alvia A. Bell	1070 Montgomery Rd Altamonte Spgs, FL 32714	#536 ☒ Add ☐ Remove
-----	------------------------	--	--

MGR	(REMOVE) Kristie Weldon	1070 Montgomery Rd Altamonte Spgs, FL 32714	#536 ☒ Remove ☐ Change
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_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

_____	_____	_____	☐ Change
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_____	_____	_____	☐ Remove
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_____	_____	_____	☐ Change
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2007 FEB 16
AM 9:53
MONTGOMERY COUNTY
CLERK OF SUPERIOR COURT

2024 FLD
ASSISTANT
CLERK

2022 FEB 22 AM 8:33

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated February 17, 2022.

Butter Wellon
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kristie Wellon

Typed or printed name of signee

Filing Fee: \$25.00