L21000319701

/Pon-	estor's Name)	
(кеци	estors Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone #)	-
PICK-UP	MAIT [MAIL
(Busir	ess Entity Name)	
(Dan)	on and Nivershaus	
0000	ment Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

istration Se ision of Cor	ection porations		
KAYCO S	OUTHERN, LLC.		
	Name of Lim	ited Liability Company	
f Articles of	Amendment and fee(s) are sub	mitted for filing.	
all correspo	ondence concerning this matter	to the following:	
	KIRK T. BAUER, ESQUI	RE	
		Name of Person	
	BAUER & ASSOCIATES	S ATTORNEYS AT LAW PA	
		Firm/Company	
	P.O. BOX 459		
		Address	
	DELAND, FL 32721-0459)	
		City/State and Zip Code	
KBAUER@DELANDATTORNEYS.COM			
	E-mail address: (to be used for future annual report notif	lication)
oformation co	oncerning this matter, please of	all:	
VER, ESQU	лке	386 734-	3313
Name of	f Person		e Telephone Number
check for th	ne following amount:		
filing Fee	S30.00 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)
		Street Address: Registration Sec	ction
		Division of Corp	
	Articles of all corresponding Fee ling Address gistration of Corresponding Address gistration gi	Articles of Amendment and fee(s) are subtable all correspondence concerning this matter KIRK T. BAUER, ESQUE BAUER & ASSOCIATES P.O. BOX 459 DELAND, FL 32721-0459 KBAUER@DELANDATT E-mail address: (afformation concerning this matter, please calculate, ESQUIRE Name of Person check for the following amount: String Fee \$30.00 Filing Fee &	Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: KIRK T. BAUER. ESQUIRE Name of Person BAUER & ASSOCIATES ATTORNEYS AT LAW PA Firm/Company P.O. BOX 459 Address DELAND, FL 32721-0459 City/State and Zip Code KBAUER@DELANDATTORNEYS.COM E-mail address: (to be used for future annual report notification concerning this matter, please call: UER, ESQUIRE Name of Person at Card Code S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Ling Address: gistration Section ission of Corporations Street Address: Registration Section ission of Corporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAYCO SOUTHERN, LLC.

company has been notified in writing of this change.

(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 JOE 1 13, 2021	and assigned
Florida document number L21000319701		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a	ddress 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:		
	Enter Florida street address	
	, Florid	daZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity. I furth performance of my duties, and i	er agree to comply with the 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

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>	Address	Type of Action
MGR	DOUGLAS NOSBISCH	1208 S. WOODLAND BLVD.	≣ Add
		DELAND, FL 32720	□ Remove
			□Change
MGR DEBRA HOLLAND	1208 S. WOODLAND BLVD.	■Add	
	DELAND, FL 32720	□Remove	
			□Change
		□Add	
			Петоvе
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		□Remove	
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	inding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the recor	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.
Dated	$9/28$. $\frac{2023}{}$.
	Signature of a member or authorized representative of a member
	A Signature of a member of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee