L21000447988

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



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COVER LETTER

TO: Registration Section
Division of Corporations

| KSK JUNI SUBJECT: | K REMOVAL LLC | | |
|---|--|--|----------------|
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | TRACEY C HIGGINBOT | ГНАМ | |
| | | Name of Person | |
| | HIGGINBOTHAM COM | PANIES INC | |
| | | Firm/Company | |
| | 3790 N US 1 | | |
| | | Address | |
| | COCOA, FL. 32926 | | |
| | | City/State and Zip Code | |
| | TCHIGGINBOTHAM@HI | | |
| | E-mail address: (| to be used for future annual report notification) | 20 |
| For further information of | concerning this matter, please c | all: | : : |
| TRACEY C HIGGINBO | CEY C HIGGINBOTHAM 321 632-5726 at () | | ; ;; (2) |
| Name of Person | | Area Code Daytime Telephone Number | <u></u> ; |
| T 1: 1 0 | | ; -: | i2: 5 |
| Enclosed is a check for t | he following amount: | : -1 | !> |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) | us & |
| Mailing Address Registration of C P.O. Box 632 Tallahassee, | Section Corporations 27 | 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

| KSK JUNK REMOVAL LLC | |
|--|---|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liability Company were filed on OCT | OBER 15, 2021 and assigned |
| Florida document number L21000447988 | |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company her | <u>e</u> : |
| | |
| he new name must be distinguishable and contain the words "Limited Liability Company," the des | ignation "LLC" or the abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | . 3 |
| | |
| | 2.2 |
| nter new mailing address, if applicable: | o, |
| Mailing address MAY BE A POST OFFICE BOX) | 7 |
| | |
| | F1 2 |
| 3. If amending the registered agent and/or registered office address on our rec | ords, enter the name of the new regi |
| gent and/or the new registered office address here: | |
| Norman of New Decision 1.4 | |
| Name of New Registered Agent: | |
| New Registered Office Address: | <u> </u> |
| Enter Florid | a street address |

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.

City

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> | Name | <u>Address</u> | Type of Action |
|--------------|------------------|---------------------|---------------------------------------|
| MGR | WYMAN, ERIC | 4420 PIEDRAS STREET | □Add |
| | | COCOA, FL. 32927 | ≅Remove |
| | | | □Change |
| MGR | WYMAN, SHERRI L. | 4420 PIEDRAS STREET | ≘ Add |
| | | COCOA, FL. 32927 | □Remove |
| | | | Change |
| | | | |
| | | | |
| | | | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
| | | | :=: 5 ::: 2 □Add |
| | | | □Remove |
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| | | | □Add |
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| | | | □Change |
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| | | | □Change |

| f amending any other information, enter change(s) here: (Attach additional sheets, if necessity) | • |
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| | _ |
| Effective date, if other than the date of filing: | filing.) Pursuant to 605,0207 (|
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b d is filed. |) The 90th day after the |
| DatedJUNE 22 2023 | ÷ |
| Dated $JUNE 22 2023$ | |
| Shew X. / Imman | —————————————————————————————————————— |
| | <u></u> |
| Signature of a member of authorized representative of a member | لبئت |
| Signature of a member of authorized representative of a member SHERRIL WYMAN | - <u> </u> |

Filing Fee: \$25.00