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Registration Section

Division of Corporations K.B CONTRUCTION PAINTING LLC SUBJECT: _ 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: KEBIN RAMOS BARRIENTOS Name of Person K.B CONTRUCTION PAINTING LLC Firm/Company 3601 KERNAN BLVD S APT 923 Address JACKSONVILLE, FL 32224 City/State and Zip Code K.BCONTRUCTIONPAINTING@GMAILCOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KEBIN RAMOS BARRIENTOS Name of Person Daytime Telephone Number Ārea Code Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K.B CONTRUCTION PAINTING LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000022601}{1.0000000000000000000000000000000000$	were filed on 01/07/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
K.B CONSTRUCTION PAINTING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	hty 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)		2029 FE
B. If amending the registered agent and/or registered office :	addraw on our mounds autom th	22 m
agent and/or the new registered office address here:	address on our records, enter th	ic name and its registered
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, 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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 21 Signature of a member or authorized representative of a member KEBIN RAMOS BARRIENTO Typed or printed name of signee

Filing Fee: \$25.00