KZZ000124291

(Req	uestor's Name))
(Add	lress)	
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(City	/State/Zip/Phor	ne #)
PICK-UP	TIAW [MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	
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04/18/22--01042--004 **25.00

2022 APR 18 AM 10: 01

Keri Edwards gave Pernessum to remove Frederick Edwards & add hersely as mgn A. RAMSEY

JUL 26 2022



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2022

KERI EDWARDS 6999-2 MERRILL ROAD #128 JACKSONVILLE, FL 32277

SUBJECT: K. MULTI ENTERPRISE LLC

Ref. Number: L22000124291

We have received your document for K. MULTI ENTERPRISE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 622A00011809

COVER LETTER

TO: Registration Sect Division of Corpo				
subject: K. Mu	H Enterprise	e LLC ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Ke Ke	Name of Person Enterprise Firm/Company	ds	
	4999-2 Me	rrill Rd # 1	28	
		Address	<u> </u>	
	<u>Vacksonvill</u> Kmultienter	EFL 322 City/State and Zip Code DNSENCOU	ahvo-com	
For further information cor	e-man address: (to be used for future annual repo	or notification)	
Ken Edwar Name of F	OS	at Area Code I	4.1638 Daytime Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address:		Street Addr	ecc.	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

(A Florida Limited	a Liability Company)	11/2/2012/2017		
The Articles of Organization for this Limited Liability Company were filed on 3 11 200 and assigned Florida document number L220012429 1. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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)				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designati	on "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)		<u></u> :		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records	s, enter the name of the new registered		
Name of New Registered Agent:		· - · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter Florida street address			
	Cia	, Florida		
Now Designated Agent's Signature if shougher Positional Agent's	Liability Company," the designation "LLC" or the abbreviation "L.L.C." Sice address on our records, enter the name of the new registered Enter Florida street address			
New Registered Agent's Signature, if changing Registered Agen	11:			

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 = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Frederick L Edwards	str. 1166 Ballard Ridge R	d _□Add
		Jacksonville, Fi 32	211 Ekemove
			□Change
MGR_	Keri Edwards	6999-2 Merrill Rd #128	⊘ Add
		Jacksonville, Fr 3227	7 □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If amending any other informa						
					·	
						
Effective date, if other than the If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	st be specific and ca lock does not me	annot be prior to et the applicab			filing.) Pursuant to 605.	
e record specifies a delayed effecti rd is filed.	e date, but not ar	n effective time	e, at 12:01 a.m. o	n the earlier of: (b) The 90th day after	the
Dated April	R	<u> 2022</u>	·· ()			
ty: E	Signature of a me	mber or authori	zed representative of	of a member		
Keri	Edwa	40				

Filing Fee: \$25.00