

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22000334590**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MANAUSA SHAW & MINACCI
Account Number : I20210000086
Phone : (850)597-7616
Fax Number : (850)270-6148

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: danny@manduslaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KILLEARN HOLDCO, LLC**

Certificate of Status	0
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Page Count	05
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: KILLEARN HOLDCO, 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:

Daniel E. Manausa

Name of Person

Manausa, Shaw & Minacci

Firm/Company

1701 Hermitage Blvd, Suite 100

Address

Tallahassee, FL 32303

City/State and Zip Code

danny@manausalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Rae

850
at ()
Area Code

597-7616

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H22000260973 3)))

KILLEARN HOLDCO, 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 07/28/2022 and assigned
Florida document number L22000334590.

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) _____

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: _____

Enter Florida street address

_____, Florida

City

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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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Lightburn	3423 PIEDMONT RD NE	<input type="checkbox"/> Add
		ATLANTA, GA 30305 GA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Cummings	3423 PIEDMONT RD NE	<input checked="" type="checkbox"/> Add
		ATLANTA, GA 30305 GA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)

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) the effective date of a patent application will not be listed as a date of filing.

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 August 2, 2022

 Signature of a member or authorized representative of a member

Daniel E. Manausa

Typed or printed name of signee

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Filing Fee: \$25.00