

h22 000 342 681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

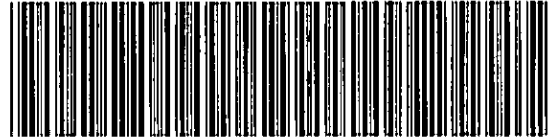
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC 19 PM 1:31

12/19/22--1. 11--021 4:09 PM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KATIE KANEHL 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:

SANDY MACAULAY

Name of Person

MACAULAY & ASSOCIATES LLC

Firm/Company

5321 1ST AVE S

Address

ST PETERSBURG, FL 33707

City/State and Zip Code

SANDY@MACAULAYACCOUNTING.COM

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

For further information concerning this matter, please call:

SANDY MACAULAY

727

520-1980

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2017 DEC 19 PM 1:37

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

KATIE KANEHL 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 8/3/2022 and assigned
Florida document number L22000342681.

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:

MACAULAY & ASSOCIATES LLC

New Registered Office Address:

5321 1ST AVE S

Enter Florida street address

ST PETERSBURG

City

Florida 33707

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|----------------------------|--|
| AMBR | KATIE KANEHL | 9324 LAKE CHASE ISLAND WAY | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33626 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | TY PAULK | 9324 LAKE CHASE ISLAND WAY | <input type="checkbox"/> Add |
| | | TAMPA, FL 33626 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

2025-07-19 11:37

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),