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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

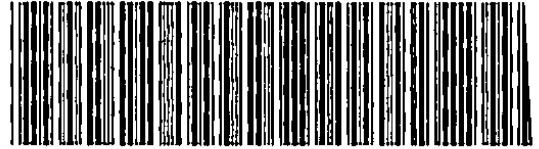
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K & G APPLIANCES 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:

Kaisha Mildort

Name of Person

K & G APPLIANCES LLC

Firm/Company

7404 WILLOW SPRINGS CIR EAST

Address

BOYTON BEACH, FL 33436

City/State and Zip Code

mildortgary@yahoo.com

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

For further information concerning this matter, please call:

Gary Mildort

561

5024829

at ()

Name of Person

Area Code

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

K & G APPLIANCES LLC

Margolice Lou
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
AMBR	Gary Mildort	7404 Willow Springs Cir. East,	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kaisha Mildort	7404 Willow Springs Cir. East	<input type="checkbox"/> Add
		Boynton Beach, FL 33436	<input checked="" 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)

(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 605.020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 November 23, 2022

Gary Mulder

Signature of a member or authorized representative of a member

Gary Mildort

Typed or printed name of signee

Filing Fee: \$25.00