L23000083449

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A. RIVERS APR 2 7 2023

COVER LETTER

TO: Registration Se Division of Cor			
KCB Deve	lopment LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kent Middlebush		
	-	Name of Person	
	KCB Development LLC		
		Firm/Company	
	1395 NW 106TH Street		
		Address	
	Okeechobee, FL 34972		
		City/State and Zip Code	
	kmiddlebush@aol.com E-mail address: (to be used for future annual report no	tification)
For further information c	concerning this matter, please ca		
Kent Middlebush		561 215-0618 at () Area Code Daytin	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addrest Registration Subjection of Control	Section	Street Address: Registration Se Division of Co	
DIVISION OF C	on porations	Division of Co	r porations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KCB Development LLC		
(Name of the Limited Liability Co (A Florida Lim	Company as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000083449</u>	pany were filed on <u></u> 2-15-23	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
KCBM LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>	
	· 	
Enter new mailing address, if applicable:		- 23
(Mailing address MAY BE A POST OFFICE BOX)		×(0 22 -(1) 23
		22 日 -
		28 5
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name o	f the new registered
agent and/or the new regimered white address nere.		7 4
Name of New Registered Agent:		53 53
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and	—— Laures to get in this canacity. I further surse	to comply with the
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and I am fam t as provided for in Chapter 605, F.S. Or, if t	iliar with and his document is

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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Effective date, if other than the date from effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	ck does not meet (the applicable	statutory filing r	equirements, thi	s date will not be li	05.0207 (. isted as tl
the record specifies a delayed) The 90th day after the reco		, but not a	n effective tim	e, at 12:01	a.m. on the ear	lier of:
	20)23				
February 15	÷.					
V. AM	· _					
V. AM	Signature of a memb	_ per or authorize	d representative of	a member		

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