

L23 000120883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

KNR RE-INNOVATIONS L.L.C.

SUBJECT: _____
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:

Adam Roulhac

Name of Person

KNR RE-INNOVATIONS L.L.C.

Firm/Company

812 East 10th Street

Address

Panama City, FL 32401

City/State and Zip Code

kivrulhac@gmail.com

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

For further information concerning this matter, please call:

Adam Roulhac

954

701-9591

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

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TALLAHASSEE, FL

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KNR RE-INNOVATIONS L.L.C.

The Articles of Organization for this Limited Liability Company were filed on March 8, 2023 and assigned
Florida document number L23000120883

A. If amending name, enter the new name of the limited liability company here:

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 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

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Familiar with and
of this document is
liable liability
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SSEE, FL

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>
MGR	Jessie Roulhac	812 East 10th Street	<input checked="" type="checkbox"/> Add
		Panama City, FL, 32401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adam Roulhac	812 East 10th Street	<input type="checkbox"/> Add
		Panama City, FL, 32401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

[illegible]

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.

Tuesday, February 27 2024
Dated Feb 29TH

Jessie Roulhaas
Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

Jessie Roulhac

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00