123000200908

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COVER LETTER.

•	ision of Cor		•		
SUBJECT:	KSCB, LLC				
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Cecilia Redding Boyd			
			Name of Person		
			Firm/Company		
		211 East Fourth Street			
			Address		
		Panama City, Florida 3240	01	~~	
			City/State and Zip Code	······································	:
		cboyd@boydlawofficepa.co		;; !s	
		E-mail address: (to be used for future annual report no	tification)	د
For further is	nformation co	oncerning this matter, please c	all:	=	. :
Cecilia Red			850 872-8514 at ()		40
	Name of	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
	iling Addres gistration S		Street Address: Registration S	ection	
	_	orporations	Division of Co		
	D. Box 632		The Centre of		
Та	llahassee, F	L 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KSCB, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L23000200908	were filed on 04/24/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company, the designation "LLC of	the abbreviation "E.L.C.	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	205 S. Cove Terrace Drive		
	Panama City, Florida 32401	<u></u>	
		=======================================	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	205 S. Cove Terrace Drive	<u> ω</u>	
	Panama City, Florida 32401		
B. If amending the registered agent and/or registered office 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 agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is	
If Cha:	nging Registered Agent, Signature of N	ew 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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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		 	Remove
			∴ ☐Change
			ည်း ဆို ———— DAdd
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Filing Fee: \$25.00