

L230000210043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

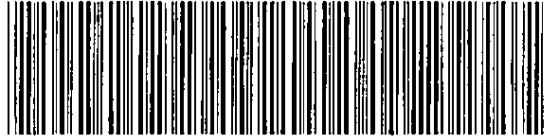
(Business Entity Name)

(Document Number)

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2023 JUN 28 AM 6:39

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KMQ Capital 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:

Thomas Murphy
Name of Person
KMQ Capital LLC
Firm/Company
5277 23rd avenue n
Address
Saint Petersburg, Florida 33710
City/State and Zip Code
Tmurph701@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Murphy at 727 5997685
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

2023 JUN 28 AM 6:39

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Thomas E Murphy	5277 23rd Avenue North	<input checked="" type="checkbox"/> Add
		Saint Petersburg, Fl	<input type="checkbox"/> Remove
		33710	<input type="checkbox"/> Change
AMBR	George S Quay V	2413 West Fig Street #1	<input type="checkbox"/> Add
		Tampa, Fl	<input type="checkbox"/> Remove
		33609	<input checked="" type="checkbox"/> Change
AMBR	Jack A Knipe	375 Brightwaters Blvd NE	<input type="checkbox"/> Add
		Saint Petersburg, Fl	<input type="checkbox"/> Remove
		33704	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated June 22, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00