123000245521

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

JUL 2 3 2023



300409388283

05/26/23--01010--025 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

4KS 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:		
	PHILLIP J. KOSINA			
		Name of Person		
	4KS LLC			
		Firm/Company		
	3172 PHLOX DRIVE			
		Address		
	PALM HARBOR, FL 346	84		
		City/State and Zip Code		
	phillipkosina@gmail.com			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Phillip J. Kosina	•	727 207-1838		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	he 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		Street Address:		
Registration S		Registration Se		
Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee	
Tallahassee,			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited 1 (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L23000245521	and assigned	
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
4KS CAN DO IT ALL LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)	
	stered office address on our records, enter the nam	e of the new registe
	stered office address on our records, enter the nam	e of the new registe
Name of New Registered Agent:	stered office address on our records, enter the nam	e of the new registo
agent and/or the new registered office address h	stered office address on our records, enter the nam	e of the new registo
Name of New Registered Agent:	istered office address on our records, enter the nam nere: Enter Florida street address , Florida	Francisco de la constanta de l
agent and/or the new registered office address h Name of New Registered Agent:	Enter Florida street address City	100 PM

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>	Address	Type of Action
President	Phillip J. Kosina	3172 Phlox Drive, Palm Harbor, FL 34684	🗃 Add
			□ Remove
			□Change
VP	Kate M. Kosina		□Add
		3172 Phlox Drive, Palm Harbor, FL 34684	■ Remove
			☐ Change
			□Add
			□ Remove
			☐ Change
			🗀 Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				
	. 4 -4			
				
			· · · · · · · · · · · · · · · · · · ·	
				· · ·
				
				<u></u>
Affective date, if other than the of an effective date is listed, the date must	late of filing:	er to date of filing or mor	(optional)	Pursuant to 605 0207
Note: If the date inserted in this blo	ck does not meet the appli	icable statutory filing	requirements, this date v	will not be listed as
locument's effective date on the Dep	partment of State's record	S.		
record specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
d is filed.				
, May 24	2023			
Dated	, 2023	·		
Mr. Co.11				
Mr.00.11	Signature of a member or aut	harized representative a	fa member	,

Filing Fee: \$25.00