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Office Use Only

A. RIVERS



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2029 JUL -5 AM 8: 02 SECRETARY OF STATE TALLAMASSEE, FLORID

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: KOYCL	The Kupen Name of Limi	HER LLC, ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Kristen A	GLOSS: Name of Person	<del></del>
		Name of Ferson	
		Firm/Company	<del></del>
	27024 MOH	Address	
	Brookeville,	FLUYIQQ 34(V) 2 City/State and Zip Code	7
	KUYLUHNLKAY M-mail address: (t	Denter and Light	())))
For further information co	ncerning this matter, please ca	ill:	
KIYELL GLA Name of	Person	at (727) 678 Area Code Daytir	1939 ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOVEL THE KOVDENTALISMENT CON (A Florida Limite	npany as if now appears on our records.) ed Liability Company)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Compa Florida document number $\underline{L2300}$ Z $91218$	ny were filed on TTML 16, 2073	3 and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		abbreviation "L.L.(	2.7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the na</u>	me of the new r	registered
Name of New Registered Agent:		<u> </u>	1 }
New Registered Office Address:	Enter Florida street address	<u> </u>	<u> </u>
	. Florida		r :-
<del></del>	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 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
MGR	Kristen A Glass	27024 MOH Ave	NAdd
		Brooksville Florida 3	46020 Remove
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(If an effecti Note: If t	date, if other than the date of filing:
document	's effective date on the Department of State's records.
the record sport is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Kristen A GIACC