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((Requestor's Name)
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	Business Entity Name)
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TO:

Registration Section

Division of Cor	porations		
subject: Кай	2. Siding to	1001119 and Relited Liability Company	modeling LLC.
	Amendment and fee(s) are sub		
		_	
Please return all correspo	ndence concerning this matter	to the following:	
	Lilan Ro	Name of Person	
		Firm/Company	
	420 Marc	Address LN LO-t 14	
	Tallahassee	City/State and Zip Code 30@ 9 17 211 COM to be used for future annual report notif	
	E-mail address: (30@ 9 ncil. com	ication)
For further information c	oncerning this matter, please co	all:	•
Likan R	onero	at (850) 321- Area Code Daytime	4583
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	SE-\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	
Tallahassee. I		-	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Dmited Liability Compa	and Remodelling ny as it now appears on our records. Liability Company)	LLC ~
The Articles of Organization for this Limited Liability Company Florida document number <u>623 A 00016360</u> .	were filed on <u>L2300034</u>	S129 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:	<u> </u>
K.C. Siding Flooring and The new name must be distinguishable and contain the words "Limited Liabil	Remodeling LLC	
•	ity Company, the designation "LLC or	the appreviation * L.L.C.
Enter new principal offices address, if applicable:	1438 Breck D	r Tallahassee
(Principal office address MUST BE A STREET ADDRESS)	FL 32305	1 (anama)see
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
THE DESTRUCTION OF THE BOTT		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

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
	<u> </u>		□Add
			Remove
			□ Add
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effect Note: If	e date, if other than the date of filing:	
he record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	10
Dated	7/27/23 Signature of a member of authorized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00