

L23000362465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

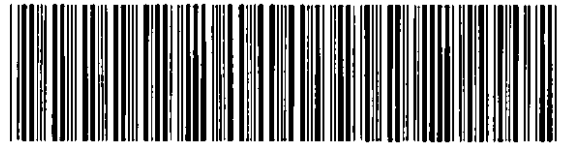
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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September 22, 2023

Office Use Only



000413666180

08/16/23--01016--016 \*\*25.00

403 SEP 22 PM 8:07  
2023

2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: K and K Boat Works, 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:

Iona Mason  
Name of Person

Fleet, Smith & Freeman  
Firm/Company

1283 N Eglin Pkwy, Ste A  
Address

Shalimar, FL 32579  
City/State and Zip Code

iona@fleetsmithlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Iona Mason at (850) 583-3347  
Name of Person Area Code Daytime 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**

K and K Boat Works, LLC

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

2023 SEP 22 PM 8:07

The Articles of Organization for this Limited Liability Company were filed on 08/03/23 and assigned  
Florida document number L23000363465

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 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>      | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|------------------|----------------------|--|
| MGR          | Christos Kanakis | 24 Mississippi Ave   | <input checked="" type="checkbox"/> Add    |
|              |                  | Valparaiso, FL 32580 | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
| MGR          | Chriscos Kanakis | 24 Mississippi Ave.  | <input type="checkbox"/> Add               |
|              |                  | Valparaiso, FL 32580 | <input checked="" type="checkbox"/> Remove |
|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
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|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated August 19, 2023

Signature of a member or authorized representative of a member

Christos Kanakis

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2023

IONA MASON  
1283 N. EGLIN PKWY., STE. A  
SHALIMAR, FL 32579

SUBJECT: K AND K BOAT WORKS, LLC  
Ref. Number: L23000362465

We have received your document for K AND K BOAT WORKS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not check a box for one your authorize person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 923A00020522