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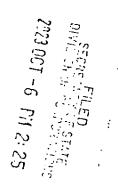
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

TO:

Division of Cor	porations		•	.;
"KLH Const	ruction Services, LLC			
SUBJECT:	Name of Limite	d Liability Company		
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.		
Please return all correspo	indence concerning this matter to	the following:		
	Kevin Hill			
		Name of Person		
		Firm/Company		817:5 2023
	2201 E. Harding Street			2023 OCT -
		Address		5
	Orlando, FL 32806			PH 2:
		City/State and Zip Code		: 25
	klhconstructionfl@gmail.com		• .	
	·	be used for future annual report notif	(санов)	
For further information of	concerning this matter, please call	1:		
Kevin Hill		352 396-4605		_
Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:	\bigcirc		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of S Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addre Registration Division of O P.O. Box 632 Tallahassec,	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 8/17/23	and assigned
Florida document number L23000388879	- ∙	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
A-1 KLH Pro Services, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		0 8207 0 8207 0 8207
Principal office address MUST BE A STREET ADDR	ESS)	00 750 700 1 1150
		<u> </u>
Enter new mailing address, if applicable:		22. 24. 24.
Mailing address MAY BE A POST OFFICE BOX)	-). 25
3. If amending the registered agent and/or registered	office address on any records enter the	he name of the name region
agent and/or the new registered office address here:	office address on our records, enter to	ile name of the new regis
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

Title	Name	Address	Type of Action
AMBR	Wendy McKown	2201 E. Harding Street	= Add
		Orlando, FL 32806	
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			Remove
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			□Add
			Remove
			Change
			□Add
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			Change
···			
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