Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000398803 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ಪ

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future 🧲 annual report mailings. Enter only one email address please. 😍

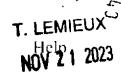
Email Address: <u>INFO@ACTIVATEMYLICENSE.COM</u>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KMB SEA WALL AND DOCK CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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From: AMANDA JQHNS

Fax: 18139325244

To:

Fax: (850) 617-6383

Page: 3 of 6

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## COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: KMB SEA WALL AND DOCK CONSTRUCTION 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:

AMANDA JOHNS

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

info@activatemylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**AMANDA JOHNS** 

813

932-5244

Name of Person

Area Cod

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

From: AMANDA JOHNS Fax: 18139325244

To:

Fax: (850) 617-6383

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMB SEA WALL AND DOCK CONSTRUCTION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/10/2023 \_\_\_\_ and assigned Florida document number L23000442814 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 "L.L.C." 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

## 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

From: AMANDA JOHNS Fax: 18139325244

To:

Fax: (850) 617-6383

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	BODZIAK, JOHN A	9860 CYPRESS LAKE DR	□Add
		FT MYERS, FL 33919 UN	≅ Remove
		<del></del>	□Change
	<del></del>		□Add
		<del></del>	□ Remove
			□Change
<del> </del>			□ Add
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	4		□Add
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			□Change

Fax: (850) 617-6383

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<del></del>		
***************************************		
If an effective da Note: If the d	if other than the date of filing:	
e record specif rd is filed.	es 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	NOVEMBER 14 2023	
	DocuSigned by.	
	Signature of a member entanthorseeds representative of a member	
	eterveni (; vangult	
	STEEVEN C KNIGHT  Typed or printed name of signee	