

4/23/24, 10:59 AM

Division of Corporations

L2400018616

Florida Department of State
Division of Corporations
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Account Name : TAX SAVERS
Account Number : I20150000107
Phone : (941)625-1925
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kmeverett37219@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
K&B S.F. SERVICES LLC

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2

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DIVISION OF CORPORATIONS
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APR 24 2024
T. LEMIEUX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

K&B S.F. SERVICES 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 01/08/2024 and assigned
on Florida document number L24000018616

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

City

Florida

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>
CEO	WILLIAM K BURGER	2977 CARMELA AVE	Add
		NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KRISTEN M EVERETT	2977 CARMELA AVE	X Add
		NORTH PORT, FL 34286	<input 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"/> 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 APRIL 23 2024

Krusten Everett

Signature of a member or authorized representative of a member

KRISTEN M EVERETT

Typed or printed name of signee