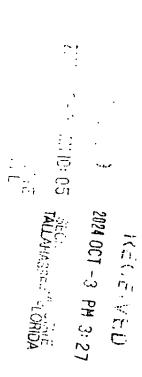
67/10/13675

•	(Requestor's Name)
.	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Duality Harrie)
	(Document Number)
Certified Copies	Certificates of Status
<u></u>	
Special Instructions to	Filing Officer:
:	

Office Use Only



500437488425



10/03/24

COVER LETTER

TO: Registration Section

Division of Corporations

	K2K DEVELOPMENT L.L.C	-	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ADRIAN MIDDLETON,	ESQ.	
		Name of Person	
	SWORD & SHIELD, LLC		
		Firm/Company	
	1437 MARKET STREET		,
	 	Address	<u> </u>
	TALLAHASSEE, FLORI	DA 32312	
		City/State and Zip Code	
	KNIGHTKL@HOTMAIL.		. (*)
	E-mail address: (to be used for future annual report notif	fication)
For further information e	oncerning this matter, please ca	all:	1.11
ADRIAN MIDDLETON, ESQ.		850 728-2465	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations 'allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.P.M.S. & K2K DEVELOPMENT L.L.C (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 $\frac{04/25/2024}{2}$ and assigned Florida document number L24000186455 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida <u>__</u>

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>	Type of Action
AMBR	KNIGHT, KARL L	225 SPARKLEBERRY BLVD,	□Add
		QUINCY, FL 32351	■Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
		-	☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

		-			
					
-					
<u> </u>					
<u> </u>					<u>.</u> _
·					
					
				,- <u>-</u> -	
				÷ 	
				1.5	- -
					
				i ĉi	
					
		.,,			
		09/18/2024			
ective date, if other to effective date is listed, th	than the date of filing: _ ie date must be specific and ca	nnot be prior to date of f	iling or more than 90 da	(optional) ys after filing.) Pursuan	t to 605,020
te: If the date inserted	in this block does not mee on the Department of Stat	et the applicable statut	ory filing requiremen	nts, this date will not	be listed a
cord specifies a delave	d effective date, but not an	effective time, at 12:	01 a.m. on the earlier	of; (b) The 90th d	ay after th
s filed.					
s filed.	, .	·			
s filed.	2	mber or authorized repro			

Filing Fee: \$25.00