## 124000248034

(Requestor	's Name)
(Address)	
(Address)	<u> </u>
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified CopiesC	Certificates of Status
Special Instructions to Filing C	officer.
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Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Sc Division of Cor			
K&D Pigs-	LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter	<del>-</del>	
	Darrin L. Gillins		
	<del></del> -	Name of Person	
	K&D Pigs-LLC		
		Firm/Company	
	145 N Halifax Ave, 403		
		Address	<del></del>
	Daytona Beach, FL 32114		
	-	City/State and Zip Code	
	kdpigs@icloud.com	to be used for future annual report not:	tientian)
For further information c	concerning this matter, please ca		neutony
Darrin L. Gillins		386 318-1213	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Se	ction
Registration Division of C		Division of Cor	porations
P.O. Box 63.	27	The Centre of T	'allahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&D Pigs-LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
<del>-</del>	ility Company were filed on May 30, 2024	and assigned
lorida document number L2000248034	·	
his amendment is submitted to amend the follow	ing:	
a. If amending name, enter the new name of th	ne limited liability company here:	
he new name must be distinguishable and contain the work	Is "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
3. If amending the registered agent and/or reg	istered office address on our records, <u>enter the</u>	name of the new registe
gent and/or the new registered office address	nere:	
N. CN. D. Carrella con		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Piorida sireet daaress	
		ii
	Cip:	zw coae

## 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 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>	Address	Type of Action
MGR	Darrin L. Gillins	145 N Halifax Ave, 403	<b>≡</b> Add
		Daytona Beach, FL 32114	Remove
		· · ·	/ □Change
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	June 1, 2024			
ffective date, if other than an effective date is listed, the date	the date of filing: must be specific and cannot be prior to	o date of filing or more than	(optional) 20 days after filing.) Pursuant to 60	05.0207 (
ote: If the date inserted in thi	s block does not meet the applical e Department of State's records.	ole statutory filing requir	ements, this date will not be lis	sted as 1
	ctive date, but not an effective tin	ne, at 12:01 a.m. on the e	orlier of: (b) The 90th day aft	ter the
l is filed.				
rated July 12	2024	_ •		
ated		_		

Typed or printed name of signee