

L240002495/L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

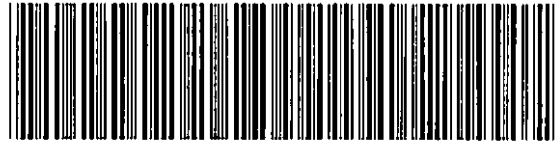
(Business Entity Name)

(Document Number)

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JUL 15 AM 9:51
TALLAHASSEE, FL

A. HUNT

7/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KC's Southern Comfort Outdoors, 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:

Kim Williams
Name of Person

KC's Southern Comfort Outdoors
Firm/Company

2243 Hidden Waters Drive West
Address

Green Cove Springs, FL 32043
City/State and Zip Code

Seminolekim1@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Williams at (904) 866-8482
Name of Person Area Code 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KC'S Southern Comfort Outdoors, 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 May 31, 2024 and assigned
Florida document number L24000430231947

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KC'S Southern Comfort Outdoors, LLC
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

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kim C. Williams, JR	2243 Hidden Waters Dr. W. GC. Springs, FL 32043	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John C. Williams, JR	2243 Hidden Waters Dr. W. GC. Springs, FL 32043	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2016 JUN 16 AM 9:51
FLORIDA STATE
LABORATORY
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The name change is the space KC S
should be KC's no space after the apostrophe.

The manager change was a typo - It
should be my husband's name John C Williams -
I think someone didn't type it in right -

2024
JUL 10 AM 9:52
DEPARTMENT OF STATE
TALLAHASSEE, FL

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 July 10, 2024

Kim Williams

Signature of a member or authorized representative of a member

Kim Williams

Typed or printed name of signee