

L97 000 000492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

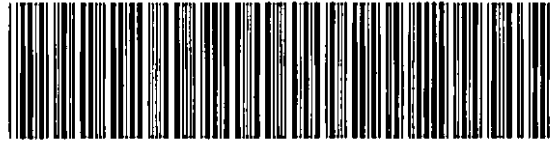
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/07/21--01034--008 **25.00

2021 JUN 7 PM 6:12

2021 JUN 7 PM 6:12

2021 JUN 7 PM 6:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K C MINI STORAGE, L.C.
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:

JASON PAPP

Name of Person

K C MINI STORAGE, L.C.

Firm/Company

521 DAVID CIRCLE SW

Address

PALM BAY, FL 32908

City/State and Zip Code

WICKHAMILL@GMAIL.COM

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

For further information concerning this matter, please call:

JASON PAPP

Name of Person

at (321)

Area Code

507-6487

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

K C MINI STORAGE, 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 5/2/97 and assigned Florida document number L97000000492.

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)

521 DAVID CIRCLE SW
PALM BAY, FL 32908

2021 JUN -7 PM 6:12

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:

JASON PAPP

New Registered Office Address:

521 DAVID CIRCLE SW

Enter Florida street address

PALM BAY

City

Florida

32908

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>
<u>MGR</u>	<u>JASON PAPP</u>	<u>521 DAVID CIRCLE SW</u>	<input checked="" type="checkbox"/> Add
		<u>PALM BAY, FL 32908</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>WILLIAM R. PAPP SR.</u>	<u>3240 BRENTWOOD LANE</u>	<input type="checkbox"/> Add
		<u>MELBOURNE, FL 32934</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

2021 JUL -7 PM 6:12
JAIL ADMINISTRATIVE CONTROL

2021 JUL -7 PM 6:12
TALLAHASSEE, FLORIDA

(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)

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 6/02/2021

Signature of Member

Signature of member or authorized representative of a member

DAVID J. PARR

Typed or printed name of signer

Filing Fee: \$25.00

**DURABLE POWER OF ATTORNEY
OF
MARILYN PAPP**

On this 12 day of May, 2021, THROUGH THIS DURABLE POWER OF ATTORNEY, I
MARILYN PAPP (also known as Marilyn J. Papp) of Brevard County, Florida, hereby appoint as
my Attorney-in-Fact or Agent to manage my affairs:

NAME: DAVID J. PAPP (My son)

ADDRESS: 537 SPRING LAKE DRIVE, MELBOURNE, FL 32940

PHONE: 321-243-6900

If the aforementioned Attorney-in-Fact is unable or unwilling to serve, or not reasonably
available to perform his duties as my Attorney-in-Fact, then I designate as my Attorney-in-Fact
to manage my affairs the following persons to serve in the following order so that if the first
person so named is unable or unwilling to serve, or not reasonably available to perform his or
her duties, then the next one so listed is designated as my Attorney-in-Fact to manage my
affairs:

NAME: RACHEL S. PAPP (My granddaughter)

ADDRESS: 146 SANTA BARBARA WAY, PALM BEACH GARDENS, FL 33410

PHONE: 561-215-8612

NAME: JASON R. PAPP (My grandson)

ADDRESS: 521 DAVID CIRCLE SW, PALM BAY, FL 32908

PHONE: 321-507-6487

**NOTICE TO THIRD PARTIES: YOU MUST ACCEPT THIS DURABLE POWER OF
ATTORNEY IMMEDIATELY OR FACE POTENTIAL LIABILITY FOR UNREASONABLY
REFUSING TO HONOR IT PURSUANT TO CHAPTER 709, FLORIDA STATUTES.**

BY THE EXECUTION OF THIS FLORIDA DURABLE POWER OF ATTORNEY, I EXPRESSLY
REVOKE AND CANCEL ANY DURABLE POWER OF ATTORNEY THAT MAY HAVE BEEN
PREVIOUSLY EXECUTED BY ME.

Initials: 