

M18000002886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

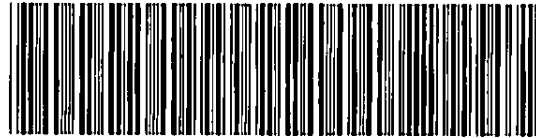
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600368870696

FILED

2021 OCT 15 AM 11:03

CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 OCT -7 PM 4:04


CLERK OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

OCT 18 2021

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$30.00

Authorized Signature: 

KF HODGES HOLDINGS, LLC M18000002886  
Corporation Name & Document Number, (if known):

(Business Name)

Document#

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Organization

☒ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ CORP

**AMMENDMENTS**

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ( ) ☐  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: KF HODGES HOLDINGS, LLC  
Ref. Number: M18000002886

We have received your document for KF HODGES HOLDINGS, LLC and the authorization to debit your account in the amount of \$30.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 321A00024499

RECEIVED  
2021 OCT 15 PM 4:09  
ALABAMA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KF HODGES HOLDINGS, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Scott, Esq.

\_\_\_\_\_  
Name of Person

The Dorcey Law Firm, PLC

\_\_\_\_\_  
Firm/Company

10181 Six Mile Cypress Parkway, Suite C

\_\_\_\_\_  
Address

Fort Myers, FL 33966

\_\_\_\_\_  
City/State and Zip Code

mike@dorceylaw.com

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

For further information concerning this matter, please call:

Michael Scott, Esq.

at ( 239 ) 418-0169

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: KF HODGES HOLDINGS, LLC

Enter new principal office address, if applicable: 1963 GULF SHORE BLVD S

(Principal office address

MUST BE A STREET ADDRESS)

NAPLES, FL 34102

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1963 GULF SHORE BLVD S

NAPLES, FL 34102

2. The Florida document number of this limited liability company is: M18000002886

3. Jurisdiction of its organization: NV

4. Date authorized to do business in Florida: 03/23/2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.*

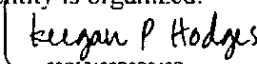
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HODGES, KEEGAN PERRY	1963 GULF SHORE BLVD S	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
80C57190D3D943D

Signature of the authorized representative

Keegan P Hodges

Typed or printed name of signee

Filing Fee: \$25.00