

9/11/23 1:40 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L22 000 380538**

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To: Division of Corporations  
 Fax Number : (850)617-5383

From: Account Name : LONG LAW, P.A.  
 Account Number : 120200000163  
 Phone : (239)400-2050  
 Fax Number : (239)268-6101

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 KMLB HOLDINGS LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

2023 SEP 11 AM 11:12

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SEP 13 2023  
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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KMLB Holdings LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Long  
Name of Person  
Long Law  
Name of Company  
1306 SE 46th Lane  
Address  
cape coral FL 33904  
City, State, and Zip Code  
Keith@longlawfl.com  
E-mail Address (to be used for future annual report notifications)

For further information concerning this matter, please call:

Keith Long at 239 400-2060  
Name of Person Area Code District Telephone Number

I have enclosed a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copies to be enclosed)
- \$80.00 Filing Fee, Certificate of Status & Certified Copy (additional copies to be enclosed)

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 8227  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Airbroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

KMLB Holdings 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 9/1/2022 and assigned Florida document number L22000350638.

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*

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

2023 09 01 11:12 AM

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>Kristen Hartman</u>	<u>1300 BIVISTA AVE</u>	<input type="checkbox"/> Add
		<u>FORT MYERS, FL 33901</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Michael Hartman</u>	<u>1300 BIVISTA AVE</u>	<input type="checkbox"/> Add
		<u>FORT MYERS, FL 33901</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 a date of filing or more than 90 days after filing, pursuant to (925.029) (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, (a) The 90th day after the record is filed.

Date: September 11, 2023

Handwritten signature of Keith E. Long

Signature of a member of a business represented and authorized

Keith E. Long, Attorney-in-Fact  
Typed or printed name of signer

Filing Fee: \$25.00