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A. BUTLER FEB - 4 2022

COVER LETTER

Division of Corp				
KTW Proper	ties LLC			
SUBJECT:	Name of Limit	ed Liability Company		
· · · · · · · · · · · · · · · · · · ·	Amendment and fee(s) are subn	witted for tiling		
Please return all correspor	ndence concerning this matter t	o the following:		
	Mitchell T. Wojtowicz			
		Name of Person		
	KTW Properties LLC			
Firm/Company				
	233 Bayshore DR			
		Address		
	Cape Coral, FL 33904			
		City/State and Zip Code		
	Properties.KTW@gmail.com			
		to be used for luture annual report noti	(lication)	
For further information c	oncerning this matter, please co	ıll:		
Curtis J. Kauffman		503 396-3921 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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		Street Address: Registration So Division of Co		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	white the state of
ompany as it now appears on o	ur records.)
October :	27. 2021 FL
ipany were filed on	and assigned
I liability company here:	
Liability Company." the designa	tion "LLC" or the abbreviation "L.L.C."
	- "
55)	
+ -	
	
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•	
ffice address on our record	s onter the name of the new ran
ince address on var record	s, enter the hande of the new reg
	<u> </u>
Enter Florida str	vet address
	, Florida
City	, Florida Zip Code
1	Liability Company." the designa (S) Fice address on our record

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	Mitchell T. Wojtowicz	233 Bayshore DR Cape Coral, FL 33904	Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 27 OCT 2021 (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 January 1/+h Signature of a member or authorized representative of a member