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| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| wrang from 2005                         |
| Office Use Only                         |



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MAR 03

S. PRATHER



January 17, 2025

KHOURY RE INVESTMETS LLC 1921 SE 1ST TER CAPE CORAL, FL 33990

SUBJECT: KHOURY RE INVESTMENTS LLC

Ref. Number: W25000008249

We have received your document for KHOURY RE INVESTMENTS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6939.

Stacy Prather Regulatory Specialist III

FEb 2025

Letter Number: 625A00001339

## **COVER LETTER**

| Division of Corporations   |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: KNOUYY RE Investmets 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:  |  |  |  |  |
|  |  |  |  |  |
| Jackson khoury Name of Person  |  |  |  |  |
| Name of Person   |  |  |  |  |
| Khoury RE Investmets Firm/Company  |  |  |  |  |
| Firm/Company   |  |  |  |  |
| 1921 Se 1st terrace  |  |  |  |  |
| Address  |  |  |  |  |
| COPE LOYAL FL 33990 City/State and Zip Code  |  |  |  |  |
| City/State and Zip Code  |  |  |  |  |
| Jackson khoury 49 @ gmail. com E-mail address: (10 be used for future annual report notification)  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |
|  |  |  |  |  |
| Jackson knoury at (917) 776 - 8386  Name of Person Area Code Daytime Telephone Number  |  |  |  |  |
| And Code Dayline Pelephone Number  |  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |  |  |  |  |
|  |  |  |  |  |

TO:

Registration Section

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

|  | investmets LLC  |   |
|--|---|---|
| ( <u>Name of the Limited Liab</u><br>(A Flor   | ility Company as it now appears on our records.<br>ida Limited Liability Company) | ()  |
| The Articles of Organization for this Limited Liability  | Company were filed on November 8  | 3, 7074 and assigned                            |
| Torida document number <u>L 7 4 000 4 7 4 5 5</u>  | <u>4</u>  |   |
| This amendment is submitted to amend the following:  |   | ٠_٠   |
| A. If amending name, enter the new name of the li  | mited liability company here:   |   |
| khoury RE Investor   | nents LLC   |   |
| The new name must be distinguishable and contain the words "L  | imited 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 ADI  | ORESS)  | <u>. — — — — — — — — — — — — — — — — — — — </u> |
|  |   |   |
|  |   |   |
| Enter new mailing address, if applicable:  |   |   |
| Mailing address MAY BE A POST OFFICE BOX)  |   |   |
|  |   | <del></del>                                     |
|  |   |   |
| <ol><li>If amending the registered agent and/or register<br/>igent and/or the new registered office address here</li></ol> |   | he name of the new registo                      |
| · · · · · · · · · · · · · · · · · · ·  |   |   |
| Name of New Registered Agent:  |   |   |
| New Registered Office Address:   |   |   |
|  | Enter Florida street address  |   |
| <del></del> -  |   | rida  |
|  | Ciţy  | 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> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| Iffective date, if other than the date of filing:  | g.) Pursuant to 605,0207 |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T d is filed. | he 90th day after the    |
|  |                          |
| Dated february 12, 2025.   | 2025                     |
| Dated february 17, 2025.   | 2025 f.E                 |
| - XIII   | ٠                        |
| Dated february 13 , 3075 .  Squarture of a member or authorized representative of a member                               | 2025 F.E. (15)           |