L24000474554

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Khoury RE	Investments LLC					
SUBJECT:	Name of Lim	ited Liability Company				
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Jackson Khoury						
Please return all correspo	ondence concerning this matter	to the following:				
	Jackson Khoury					
		Name of Person				
	Khoury RE Investments	LLC				
		Firm/Company	 			
	1921 se 1st Terrace					
		Address				
	Cape Coral, FL, 33990					
		City/State and Zip Code	_ .			
	E-mail address: (to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please ca	all:				
Jackson Khoury						
Name o	f Person		e Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee		-	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address		Street Address:				
Registration S Division of C		Registration Sec Division of Cor				
P.O. Box 632	-	The Centre of T				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Khoury RE Investments LLC

2025 RAY - 1 PH 12: 27

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		S. M. A.
The Articles of Organization for this Limited Liability Company	were filed on November 08 2024	and assigned
Florida document number L24000474554		
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liab	ility company here:	
Khoury Consulting LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "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 a	address on our records, <u>enter the nam</u>	e of the new register
agent and/or the new registered office address here:		
N. C.		
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

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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			Remove
			□Change
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