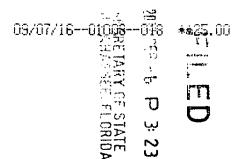
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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	_
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corpora	tions	*	
Division of Corporations SUBJECT: KAI SUN PROPERTIES, LUC 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: KAI H. BAUET Name of Person KAI SUN Properties, LUC Firm/Company 315 DAK Neck Lane Address West Islip, New York, 11795 City/State and Zip Code Mad Bauer 2011 @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KAI H. BAUER Name of Person at (631) Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$252.00 Filing Fee Continuous of Status Continuo			
	Name of Limit	ed Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
	Kai H.	Bauer	
_		Name of Person	
_	Kai Sun	Properties, L	LC
		Firm/Company	
_	215 Dal	Neok Lane	
_	West I	Slip, New York	-, 11795
	madbaue	r2011@ gmail.	50M
	E-mail address: (to	be used for future annual report notifi	ication)
For further information concer	ming this matter, please cal	II:	
<u>Kai H. Ba</u>	uer	at(631_)_793	2197
Name of Perso	on	Area Code Daytime	Telephone Number
Findaged is a check for the fall	loving amount:		
1	· ·	_	
\$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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kai Sun Prope	erties. LLC.	
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L 11000 10 765</u>	npany were filed on Se	ot 20, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	l Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres Name of New Registered Agent:		r records, enter the name of the new
New Registered Office Address:		
	Enter Florida s	reet address
		, Florida
No. Build and American Control of the Control of th	City	Zip Code
New Registered Agent's Signature, if changing Registered A lace hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	d agree to act in this capa plete performance of my nt as provided for in Chap office address, I hereby co	duties, and I am familiar with and ter 605, F.S. Or, if this document is onfirm that the limited liability.
ι	t Changing Registered Agent,	Signature of New Registered Agent
P	age 1 of 3	Z3

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

Title Address Type of Action <u>Name</u> Stefanie I. Bayer 949 SE 20th Avenue Kadd Deerkield Beach, FL, 33441 □ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change _ Add _□ Remove □ Change □ Add ☐ Remove ☐ Change _□ Adda" Change

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fective	e date, if other than the date of filing: (optional)	
	ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
	t's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	r or
reco The 9	Oth day after the record is filed.	
recor The 9		
The 9	August 33 3016.	
The 9	August 23 2016	
The 9	August 33 3016 Row Route Signature of a member or authorized representative of a member - 12 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
The 9	August 23 2016 Row Route Signature of a member or authorized representative of a member 5	
e recor The 9 ated	August 23 Row Rouse Signature of a member or authorized representative of a member Kai H. Bauer Typed or printed name of signee	
The 9	August 23 2016. Row Bottes Signature of a member or authorized representative of a member Kai H. Bauer	

Filing Fee: \$25.00