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# KO1000004765

(Requestor's Name)
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### **COVER LETTER**

TO: Registration Se Division of Corp				
SUBJECT:	Killoyne of Lim	301 Proper	ties LLC	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	D	Avid Kil(O) Name of Person	Ine	
	<u> </u>	Me 301 PM	pperfies LLC	
	PO BOX	1 2 9 3 9 Address		
	700	MPA, FL, 33	679	
	Jennitek ( E-mail address: (	MPA, FL, 33  City/State and Zip Code  C 6 ATM POPERTY  to be used for future annual report notice	Group.COM	
For further information co	oncerning this matter, please co	all:		
Jenni- Name of	Person	at ( <u>813</u> ) <u>94</u> Area Code Daytime	7-2754 B	
Enclosed is a check for th	e following amount:		□ \$60.00 Filing Fee.	2
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (re) (additional copy is enclosed)	Sec.

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number L010000 4765 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gator 301 Scoperties, LLC

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

#### 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.

City

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>	Type of Action
		_	□Add
	NIX		□Remove
			☐ Change
		<del></del>	□Add
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			□Remove
			□ Change

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an effectiv Inte: It th	date, if other than the date of filing:    1
record sp Lis filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	January 4. 1022
	Signature of a member or authorized representative of a member
	David Kilcolne Typed or printed name of signee

Filing Fee: \$25.00