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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

SEP - 5 2008

EXAMINER

## **COVER LETTER**

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TO: Registration Sec Division of Corp		•	
SUBJECT: KK Real		ited Liability Company)	<b>-</b>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Michael R. Presley, Esq.		
		(Name of Person)	
	Presley Law Center		0.8
		(Firm/Company)	SECT
10006 Cross Creek Blvd Suite 521			芸芸
		(Address)	SEE C
	Tampa, Florida 33647	(City/State and Zip Code)	08 SEP -4 AM 11: 02 SECRETARY OF STATE SECRETARY OF FLORID FALLAHASSEE. FLORID
		(Chy/State and Zip Code)	Su is
For further information co	ncerning this matter, please co	all:	
Michael R. Presley, Esq		at ( 786 <sub>)</sub> 837-7093	
(Name of		(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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)
MAILIN	NG ADDRESS:	STREET/COURIER	ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KK REAL EST (Name of the Limited Liabili (A Florida	ATE LLC  ity Company as it now appears on our recor a Limited Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Florida document number <u>L01000010671</u>		■ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:	ea sep seco	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	ation "LLC" of the abbreriation	
Enter new principal offices address, if applicable:		377 7	
(Principal office address MUST BE A STREET ADD	DRESS)	977 03	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:		enter the name of the new	
Mante of New Registered Agent.			
New Registered Office Address:			
	(Enter Florida street address)		
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Manjit Kundlas	110 Wyndham Drive Winter Haven, Florida 33884	Add Remove
<u>MGRM</u>	KMK Family Limited Partnership	110 Wyndham Drive Winter Haven, Florida 33884	Add Remove
			Add Remove
			Add 08
<del></del>			AM II: 02
<del></del>			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	y.)
	100		
Dated Augus	·	or authorized representative of a member	
	MANJ	IT KUNDLAS, as GP of MGRM	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00