## L0200000 7764

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## **COVER LETTER**

TO: Registration Section

Division	of Corp	oorations					
	k M Real	Estate, LLC					
SUBJECT:		Name of Lim	nited Liability Compa	ny			
The enclosed Arti	icles of /	Amendment and fee(s) are sub	omitted for filing.				
Please return all c	orrespor	dence concerning this matter	to the following:				
		Terri A. Goodrich					
			Name of Person	on		_	
		Blanchard, Merriam, Adel	, Kirkland & Green	, P.A.			
		-	Firm/Compar	y		_	
		P.O. Box 1869					
			Address			_	
		Ocala, FL 34478					
			City/State and Zip	Code		_	
		tgreen@bmaklaw.com			· · · · · · · · · · · · · · · · · · ·		
C C			to be used for future a	nnuat report notit	ication)		
		ncerning this matter, please c	all:				
Edwin A. Green,			352 at (	352 <b>-</b> 732-7213 )			
	Name of	Person	Area Cod	2 Daytime	: Telephone Numbe	or .	
Enclosed is a chec	ck for the	following amount:				2021	Ø
<b>■</b> \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional copy	ру	Certifie	iling Fee- ate of Status & d Copy — d copy is enclosed)	
Mailing An Registra Division P.O. Bo Tallaha	ation So n of Co ox 6327	ection rporations	Re Div The 24	eet Address: gistration Secvision of Corpe Centre of Ta 15 N. Monroe llahassee, FL	oorations allahassee Street, Suite 8	. <b>25</b> 310	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	nnany as it navy annages an our records )	
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparation for this Limited Liability Comparation document number L02000007764	ny were filed on 04/02/2002	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRESS)		
		\
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, enter the na	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	921
	, Florida _	Zip Code

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, iPhis 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 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>	Name	Address	Type of Action
MGR	GATSA Group, Inc.		□Add
			■Remove
			□Change
MGR	Terri A. Goodrich	P.O. Box 4466	<b>■</b> Add
		Key West, FL 33041	□Remove
			□Change
MGR	Adrian I. Goodrich	P.O. Box 4466	<b>≣</b> Add
		Key West, FL 33041	□Remove
			☐ Change
			□ Remove    Compare   Com
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