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13/25/24

COVER LETTER

	ision of Corp TKH Coast	al Property Investments, LL	С	
		Name of Lim	ited Liability Company	<u></u>
The unalooud	L A serialan of	Annual factor and factor and and	missed for films	
		Amendment and fee(s) are sub- indence concerning this matter	ū	
		Mary Anne Keshen	-	
			Name of Person	
		TKH Coastal Property In	vestments, LLC	
		1417 Sadler Rd #172	Firm/Company	
		Fernandina Beach, FL 32	Address 2034	
			City/State and Zip Code	
		makeshen.invest@gmail.cor		···
			to be used for future annual report notifi	cation) —
	iformation co	oncerning this matter, please ca		
Aleena Shad			760 519-8670 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TKH Coastal Property Investments, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on 3/15/2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
KFH Coastal Property Investments, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	w," 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)	
	1
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	Florida

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.

Cirv

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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
			□Add
			□Remove
			□Change
			□Add
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			□Remove

Page 2 of 3

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		Z.
ote: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of file block does not meet the applicable statute. Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed
e record specifies a delay The 90th day after the r		ective time, at 12:01 a.m. on the earlier
May 22	2024	
ML 4 (·	
1000 L		
The state of the s	Signature of a member or authorized repres	sentative of a member