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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KKR WESTMENT PROPERTIES  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:
ROBERTA CUAREZMA Name of Person
KKR INVESTMENT PROPERTIES
10000 VICTORÍA PARK LANE#10102
DAVENPORT - FL - 33896  City/State and Zip Code  ROBK-12 & HOTMALL COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roberta Cuaryrua at 407 9103433  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

INVESTMENT PROPERTIES

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $10600013112$ .	ny were filed on 11127106 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	(Name of the Limited Liability Company as it now apnears on our records.)  (A Florida Limited Liability Company)  A Florida Limited Liability Company)  A Florida Limited Liability Company  A Flori
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: (Principal office address MUST BE A STREET ADDRESS)	10000 Victoria Park Sane # 10102 - Slavenporet Fl - 33896
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as Principal Officer
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	
Name of New Registered Agent:	AUG
New Registered Office Address:	Finter Florida street address
ر 	City Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

KKR

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.

If Changing Registered Agent, Signature of New Registered Agent

## 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>	Address	Type of Action
Danada	Roberta	10000 Victoria Park	Jane # /c
CEO	Roberta Cuarezma	10000 Victoreia Parek Dlavenporet-Fe-338	96□ Remove
			Change
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			🗀 Remove
			☐ Change
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	***************************************		Add
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· · _				
_	I need to change the CEO, broker	10-	<u>(</u>	EO)
_	From Broker			
-	Effective asap please!			**************************************
-	Also, the Principal & Mailing Addres	M ª	lo:	
	10,000 Victoria Park Same # 10102	<del> </del>		
<u></u>	Davenporet - Fl - 33896.			
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(If an eff <b>Note:</b>	(option ective date, if other than the date of filing:	iling.) Pu	suant to not be	605.0207 (3)(b) listed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on	the e	arlier of:
Dated	Ynly 31 St., 2015.			
	Signature of a member of authorized representative of a member	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	**· · · · · · · · · · · · · · · · · ·	_
	ROBER A WARTZHA Typed or printed name of signee			_

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00