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DIVISION OF CORPORATIONS

AUG 2 1 2018

N COOPER



## ONE GATEWAY CENTER 420 FORT DUQUESNE BOULEVARD • 16th FLOOR PITTSBURGH, PA 15222

(412) 454-0200 · FAX: (412) 281-6622

Mindi M. Albert (412) 454-0244 malberta williams coulson.com

August 13, 2018

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

Re: Articles of Amendment – KW 535, LLC

Dear Sir or Madam:

Enclosed for filing is a cover letter and Articles of Amendment for KW 535, LLC, along with a check in the amount of \$25.00 made payable to the "Florida Department of State."

Should you have any issues processing this request, please contact me at 412-454-0244.

Very truly yours.

Mindi M. Albert enclosures

{01023318 | }

WILLIAMS COULSON JOHNSON LLOYD PARKER & TEDESCO, LLC

IRS CIRCULAR 230 TAX ADVICE DISCLAIMER: Any federal tax advice contained in this communication (including attachments or enclosures) is not intended or written to be used, and it cannot be used, for the purpose of (1) avoiding any penalty that may be imposed by the Internal Revenue Service or (2) promoting, marketing or recommending any transaction or matter.

## **COVER LETTER**

TO:	Registration Division of C	Section Torporations		
citivi	KW 535			
SUBJ	ECT:	Name of Limited	J Liability Company	<del></del>
The er	nclosed Articles	of Amendment and fee(s) are submi	tted for filing.	
Please	: return all corre	spondence concerning this matter to	the following:	
		Mindi M. Albert		
			Name of Person	
		Williams Coulson		
			Firm/Company	
		One Gateway Center, 16th Fl	., 420 Fort Duquesne Blvd	
			Address	
		Pittsburgh, PA 15222		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
jmlally@lallyepas.com  E-mail address: (to be used for future annual report notification)			, <u>a</u>	
			·	rt notification)
For fu	rther informatio	n concerning this matter, please call:		
Mind	i M. Albert		412 454-02	
	Nan	e of Person	Area Code D	laytime Telephone Number
Enclo:	sed is a check fo	r the following amount:		
<b>≅</b> \$2	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)

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

KW 535, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on09/19/2007	and assigned
lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liah	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	te abbreviation "L.L.C."
nter new principal offices address, if applicable:	512 WOODLAND ROAD	18 A
Principal office address MUST BE A STREET ADDRESS)	PITTSBURGH, PA 15237	90 C
	···	
nter new mailing address, if applicable:	512 WOODLAND ROAD	AH 8:
Mailing address MAY BE A POST OFFICE BOX)	PITTSBURGH, PA 15237	<b>တ</b> ြင်း
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	I
	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 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
MGR	MKE ASSOCIATES. <u>A PA GENERAL PARTNERSHIP</u>	512 WOODLAND ROAD	□ Add
		PITTSBURGH, PA 15237	<b>≘</b> Remove
			Change
MGR	JOHN M. LALLY	512 WOODLAND ROAD	Add
		PITTSBURGH, PA 15237	
			Change
			☐ Remove
			☐ Change
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				36
E. Effective date, if other than the date of (It'an effective date is listed, the date must be speci. Note: If the date inserted in this block does	fic and cannot be prior to not meet the applicab	date of filing or more than		
document's effective date on the Departmen	nt of State's records.			
If the record specifies a delayed effect (b) The 90th day after the record is f		an effective time, a	t 12:01 a.m. on the	earlie
Dated August 8	2018			
Dated	·	- ·		
F A				

Page 3 of 3

Filing Fee: \$25.00