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(1	Requestor's Name)	
(/	Address)	
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((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer	
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Office Use Only



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CORPORATE ACCESS,

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236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

ХX	CERTIFIED COPY		
	РНОТОСОРУ		
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xx	FILING	AMENDMENT	20
	KING CREEK 8107, LLC (CORPORATE NAME AND DOCUMENT	*#)	
	(CORPORATE NAME AND DOCUMENT	#)	
	(CORPORATE NAME AND DOCUMENT	(#)	. 20
	(CORPORATE NAME AND DOCUMENT	#)	SEP - 438
	(CORPORATE NAME AND DOCUMENT	#)	子 (2) 二 23
	(CORPORATE NAME AND DOCUMENT	#)	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		EEK 8107, LLC		
	(Name of the Limited Liability (A Florida Li	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization	n for this Limited Liability Con	npany were filed on	01/24/2008	and assigned
Florida document number _				
This amendment is submitte	d to amend the following:			
A. If amending name, ente	er the new name of the limited	d liability company her	<u>-e</u> :	
The new name must be distinguish	hable and contain the words "Limited	Liability Company," the des	signation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices	address, if applicable:			
(Principal office address M	<u>UST BE A STREET ADDRES</u>	<u> </u>		70
				ن
			-	a
Enter new mailing address	, if applicable:			
Mailing address MAY BE	• •			= ;
			<u> </u>	
				
B. If amending the register agent and/or the new regist	red agent and/or registered of ered office address here:	fice address on our rec	ords, <u>enter the nam</u>	e of the new register
Name of New Regi	stered Agent:			<u> </u>
New Registered Of	fice Address:			
		Enter Florid	a street address	
		<u> </u>	, Florida	
		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 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	NICOLE PACK	9045 LA FONTANA BLVD. #218 BOCA RATON, FL 33434	■Add
			
			□Remove
		0047.1.170.177.117.171.171.171.171.171.171.	□Change
MGR	LAUREN ABOODY	9045 LA FONTANA BLVD, #218 BOCA RATON, FL 33434	■Add
			□Remove
		9045 LA FONTANA BLVD, #218	□ Change
MGR	SAMUEL LEVY	BOCA RATON, FL 33434	= Add
			□Remove
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f fecti an effe	ve date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
Je um	and a cricetive date on the 12cpartition of State's records.
record is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ned	SEPTEMBER 4 2020
	SEPTEMBER 4 2020