Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240004064073)))



H240004054073ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

LL
1 2 5
Carella Carell

	. . ஈ. ஐ. g tue	email a	aaress tor	this t	ousiness	entity	to be t	izea tor	Tuture
<u>::</u>		l report	mailings.	Enter	only one	email	address	please.	**
듄	ුදු දිසි දිසි	Address	:						
0	72.71 F CO 4.55.8		****						
ريا	#64 #64							ECTON	

LC AMND/RESTATE/CORRECT OR M/MG RESIGN KESTENOR PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

DEC 1 0 2024

Electronic Filing Menu Corporate Filing Menu

Help

12/10/2024 10:34:00 PST

Ta: 18506176383

Page: 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 DEC 10 PH 5: 25

Fax: 8134365206

Kestenor Properties LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/27/200	and assigned
Florida document number L08000020723		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		····
New Registered Office Address:	Enter Florida street a	ldress
		, Florida
	City	Lip 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.

To: 18506176383

Page: 3/4

Fax: 8134365206

□ 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>	<u>Address</u>	Type of Action
MGR	TRITONAS Corp	14200 SW 67TH AVE	□Add
		MIAMI, FL 33158	X∂Remove
			DChange
MGR	Greenbaum, Jonathan V	7901 4th St N, Suite 300	⊠Add
		St. Petersburg, FL 33702	□Remove
			□Change
MGR_	Neocleus, John	7901 4th St N, Suite 300	XIAdd
		St. Petersburg, FL 33702	□Remove
			Change
			[]Add
			TALLIANIA SEE FILL OPTO
			∐Add
			□Remove

7. If antituding any other med	ormation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
	<u> </u>	THE DEFE
		g :
	79 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	5 '
		PM 5: 26
		ن ان ان
	· · · · · · · · · · · · · · · · · · ·	<u>ي</u> —
		·- ·-
Note: If the date inscried in the	n the date of filing:	o 605.0207 (3)(i : listed as the
f the record specifies a delayed effected is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
_{Dated} December 10th	<u>2024</u>	
	Signature of a member or authorized representative of a member	
•	Signature of a member or authorized representative of a member	
Robin Jone	es Es	
	Lyped or printed name of sunce	_