

L08000051983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

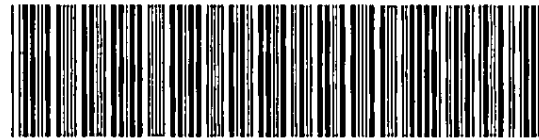
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600303402066

09/19/17--01015--018 **25.00

FILED
2017 SEP 18 PM 4:20
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL 32301

K. SALY
SEP 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KULLC
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:

KEYUR PATEL
Name of Person

Firm/Company

10116 SPRINGTREE COURT
Address

TAMPA FLORIDA 33615
City/State and Zip Code

Boves1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEYUR PATEL at (813) 888-5630
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FILED
2017 SEP 18 PM 4:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/12/2017 and assigned
Florida document number LO 8000051983

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KEYUR PATEL

New Registered Office Address:

10116 SPRINGTREE CT

Enter Florida street address

TAMPA

City

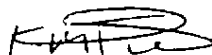
Florida

33615

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KEYUR PATEL	10116 SPRINGTREE CT	<input checked="" type="checkbox"/> Add
		TAMPA FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROHINI PATEL	10116 SPRINGTREE CT	<input type="checkbox"/> Add
		TAMPA FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 SEP 18 PM 4:28
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CLERK OF COURT
JANET L. HARRIS
TAMPA, FL 33602

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

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2017 SEP 18 PM 4:21
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 09-12-2017 . _____

Signature of a member or authorized representative of a member

KENDR PATEL
Typed or printed name of signer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2017

ROHINI PATEL
10116 SPRING TREE COURT
TAMPA, FL 33615

Pursuant to our telephone conversation of September 1, 2017, I am enclosing an amendment document for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00018135

2017 SEP 10 PM 1:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

L17000104341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

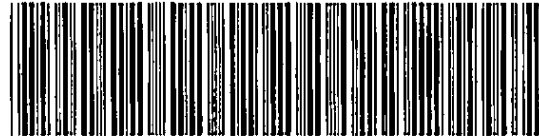
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100303413321

09/18/17--01005--015 **55.00

FILED
2017 SEP 18 PM 3:27
CLERK OF COURT
TALLAHASSEE, FL 09111

K. SALY
SEP 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA PARTNERS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ISRAEL TRONER
(Contact Person)

TRONER LIFESTYLES LLC
(Firm/Company)

17500 N BAY RD. APT 708
(Address)

SUNNY ISLES, FL, 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

ISRAEL TRONER at (718) 268 1928
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2017 SEP 18 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TAMPA PARTNERS, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L17000104341

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/31/2017

4. I, TRONER LIFESTYLES, LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMOR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Troner

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)