L08000056426

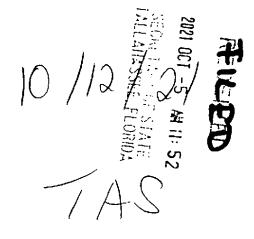
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COVER LETTER

KD WARE SUBJECT:	HOUSE, LLC					
3000ECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Kenneth B. Kirkpatrick					
	Name of Person					
		Firm/Company				
	2605 SW 33rd St. Bldg, 200					
	Address					
	Ocala, FL 34471					
	ken@heritagemanagement	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For further information c	oncerning this matter, please e	all:				
Kenneth B. Kirkpatrick		at ()				
Name o	f Person	Area Code Daytime Telephone Number				
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
Mailing Address Registration 5		Street Address: Registration Section				

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KD WAREHOUSE, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on o tability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company lorida document number L08000056426	were filed on <u>06/06/20</u>	008	and assigned
forida document number			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabi	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	tion "LLC" or the abl	previation "L.L.C."
enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		•	I.
 		•	
3. If amending the registered agent and/or registered office a			
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our record	s, enter the name	of the new registere
gene analog the new registered office address here.			1 6
Name of New Registered Agent:			Ş
			·
New Registered Office Address:	Enter Florida str	ent address	
	City	, Florida	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:	·		,
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am fo er 605, F.S. Or,	miliar with and I this document is

If Changing Registered Agent, Signature of New Registered Agent

在上西山

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	NOI Income I, LLC	2605 SW 33rd St. Bldg. 200	≣∧dd
		Ocala, FL 34471	□Remove
			□Change
MGR	Kenneth B. Kirkpatrick	2605 SW 33 STREET, BLDG. 200	
		Ocala, FL 34471	■Remove
			□ Change
MGR	James E. Day	2605 SW 33 STREET, BLDG. 200	□ Add
		Ocala, FL 34471	≘Remove →
			☐Change
			Remove
			□Change
			□ Add
			□Remove
		10.00	☐ Change
			🗆 Add
			Remove

761) CCT -5 /# 11: 53

Typed or printed name of signee

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