109000090722

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

TO:

THE K CO	MPANY REALTY, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Nathan Klutznick		
		Name of Person	
	The K Company Realty LI	LC	
		Firm/Company	
	1500 E Eatlantic Blvd		2
	 	Address	2 SEP
	Pompano Beach, FL 33060)	⊕ 53 6-1
	·	City/State and Zip Code	
	nathan@lokationre.com		P# -
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	7
		at ()	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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 Addres	555:	Street Address:	
Registration		Registration S	ection
Division of C	-	Division of Co	-
P.O. Box 632	,	The Centre of	
Tallahassee,	FL 32314	Tallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Limited Liability Company)	
ompany were filed on 09/21/2009	and assigned
_ .	
ted liability company here:	
ited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
(ESS)	
	2 \$
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	12
	<u> </u>
d office address on our records, <u>enter th</u>	e name of the new regi
Enter Florida street address	
	da Zip Code
	ted liability company here: ited Liability Company," the designation "LLC" of ESS) d office address on our records, enter the

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michelle Richardson	1500 E Atlanic Blvd	=Add
		Pompano Beach, FL 33060	□Remove
			□Change
			☐Add
			□Remove
			□ Change 22 Sold JA
			Rymove
			□Add
			□ Remove
			□Change
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		·	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change

ffective date, if other than the date of filing: 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 605.020 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records. Trecord 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 dis filed.			_
ffective date, if other than the date of filing: (optional)			_
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JAK JAA		eptember, 20th 2022	
signature of a member or authorized representative of a member	ated S		
	Sated _		

Filing Fee: \$25.00