

L10 000073642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/07/22--01020--000 **25.00

22 FEB -1 04:10:46

T. MATTHEWS

FEB 16 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAR PARTNERS KN201, LLC

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:

JAMES REYER, ESQUIRE

Name of Person

REYER LAW GROUP, P.A.

Firm/Company

5301 NORTH FEDERAL HIGHWAY, SUITE 130

Address

BOCA RATON, FL 33487

City/State and Zip Code

horacm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES REYER, ESQUIRE

561 241-9003
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

22 FEB -7 11:10:46

PAR PARTNERS KN201, 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 JULY 13, 2010 and assigned Florida document number L10000073642.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

635 GREENSWARD LANE

DELRAY BEACH, FL 33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

635 GREENSWARD LANE

DELRAY BEACH, FL 33445

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:

CHARLES HORA

New Registered Office Address:

635 GREENSWARD LANE

Enter Florida street address

DELRAY BEACH

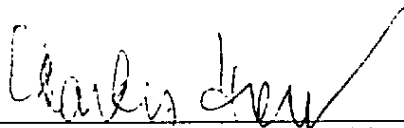
City

, Florida 33445

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	STEPHEN T. NEARY	595 GREENSWARD LANE	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSICA G. MANN	595 GREENSWARD LANE	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES HORA	635 GREENSWARD LANE	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee