Division of Combrations

Page 1 of 1 Electronic Filing Cover Sheet

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(((H12000165415 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)

Account Number : 076117000420

: (561)650-0728

Phone Fax Number

: (561)671-2527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rmail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KCMCL PINEAPPLE GROVE LLC

Certificate of Status Certified Copy 0 04 age Count Estimated Charge \$30.00

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Corporate Filing Menu

Help



COVER LETTER

H120001654153

112000103413

Division of Co			JM 21 A		
SUBJECT:	KCMCL Pin	eapple Grove LLC			
	Name of Limi	ed Liability Company	3		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	`		
Please return all correspond	ondence concerning this matter	to the following:			
,	<u></u>	I. William Perry, Esq.			
		Name of Person			
GUNSTER, YOAKLEY & STEWART, P.A					
		Pirm/Company			
	777 South	Flagler Drive, Suite 500 Eas	rt		
		Address			
West Palm Beach, FL 33401					
		City/State and Zip Code	······································		
•	moram E-mail address; (t	er-scharlatt@gunster.com o be used for future enzual report notifiest	im)		
For further information	concerning this matter, please of	•			
Mary E. Cram	ner-Scharlatt, C.P., FRP		50-0728		
Матто (of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for i	he following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Cartified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasace, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H120001654153

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K0	MCL Pinear	ople Grove	LLC	%
(Name of the Limits	d Liability Comp. A Plorida Limited	any as it now at Lisbility Compa	nears on our records.)	77
The Articles of Organization for this Limited I Florida document number	Liability Company			and assigned \$\frac{1}{\pi}\$
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the Umited lin	bility company	here:	
	N//			
The new name must be distinguishable and end w"L.L.C."	ith the words "Lim	nited Liability Co	empany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if appli	<u>N/A</u>		·····	
(Principal office address MUST BR A STRE	<u>BT ADDRRSS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and registered agent and/or the new registered of			on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
			Enter Florida street addre	15.5
			, Florida	
		City		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 608, 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

Page 1 of 2

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If smeading the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	The Kolter Group LLC	701 South Olive Avenue. Suite 104 West Palm Beach, FL 33401	Add Remove
MGR_	Howard Erbsteln	701 South Olive Avenue, Suite 104 West Palm Beach, FL 33401	Add Remove
MGR_	Scott Webb	701 South Olive Avenue, Suite 104 West Palm Beach, FL 33401	_
			Add Remove
·			Add
<u></u> -			Add Remove
D. If action	ding any other information, e	ater change(s) here: (Attach additional sheets, if necessary.)	
-			_
-			
Dated	June 18	of a member or authorized representative of a member	
		Scott Webb, Manager Typed or printed name of signee	
		Page 2 of 2	

Flling Fee: \$25.00