## 1110000007113

(Requestor's Name)
(Address)
(Address)
(C)- (C)- 17:- (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

N. Cuttigan MAR 15 2011

## **COVER LETTER**

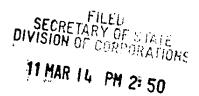
Division of C			
SUBJECT:	KKB PF	ROPERTY, LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matte	r to the following:	
		Roger E. Knaak	
		Name of Person	
		KKB Property, LLC	
Firm/Company			
2567 Partridge Dr.			
		Address	
	W	/inter Haven, FL 33884	
City/State and Zip Code			
	kkt	propertyllc@gmail.com (to be used for future annual report notifica	
			tion)
For further information	concerning this matter, please	call:	
Roger E. Knaak			09-1790
Name	of Person	Area Code & Daytime T	elephone 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



( <u>Name of the Limited Liabil</u> (A Florid	(B Property, LLC lity Company as it now appea a Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Florida document numberL11000007113	Company were filed on	01/18/2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter Florida street address
<del></del>	City	, Florida 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

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

MGRM = Managing Member Title **Type of Action** Name <u>Address</u> **MGRM** Eric Knaak 2567 Partridge Dr. ✓ Add Winter Haven, FL 33884 Remove ☐ Add Remove ☐ Add Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MGR = Manager

Signature of a member or authorized representative of a member

Roger E. Knaak

Typed or printed name of signee

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Filing Fee: \$25.00