# L11000140597

(Requestor's Name)
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PICK-UP WAIT MAIL
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## COVER LETTER

TO:

Registration Section - Division of Corporations

750 Credit Consultants, LLC

SUBJECT:

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:

## Marsha Flaige, CPA

Name of Person

Firm/Company

### 4631 Brown Avenue

Address

Jacksonville, FL 32207

City/State and Zip Code

flaigem@bellsouth.net

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

For further information concerning this matter, please call:

#### Jim Heffernan

<sub>3.7</sub>904

710-2884

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/COURIER ADDRESS:

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L11000140597</u> .	12/14/2011 and assigned	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	y here:	
KSN Homes 1, LLC		
The new name must be distinguishable and end with 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)	=: o =	
<del></del>	# <u> </u>	
Enter new mailing address, if applicable:	25 LF	
Mailing address MAY BE A POST OFFICE BOX)		
The state of the s	24.5% <b>4</b> 5	
	<del>- Ş</del> -S	
3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City	Zin Code	

New Registered Agent's Signature, if changing Registered Agent:

750 Credit Consultants, LLC

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

<u>itle</u>	<u>Name</u>	Address	Type of Actio
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f amending any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)
	<del> </del>
fective date, if other than the date of filing:  the effective date must be specific, cannot be prior to date of receipt or filed date are	(optional)
ne date this document is filed by the Florida Department of State)	a camot oc more than 50 days arter
September 22 , 2014	
Van Alder	
Signature of a member or authorized repr James R. Heffer wa	n Pres /CEO
Typed or printed name of	signee/
	ميد اير رائست

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Filing Fee: \$25.00