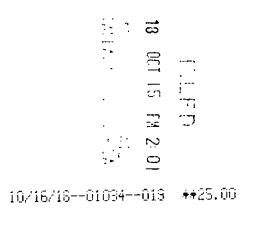
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COVER LETTER

TO:	Registration Security Division of Cor			
SUBJI	KT 1006 LL	.c		
SUBJI	·	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DAN KENNEDY		
			Name of Person	
		KT 1006 LLC		
			Firm/Company	
		300 MONROE STREET		
			Address	
		HOLLYWOOD, FLORIDA	A 33019	
		MOUSE1254@GMAIL.CO	City/State and Zip Code DM	
		E-mail address: (to be used for future annual report notif	ication)
For fur	rther information co	oncerning this matter, please ca	all:	
DAN	KENNEDY		954 558-0407	
	Name of	l'Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 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

KT 1006 LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
he Articles of Organization for this Limited Liability Company lorida document number L12000029868	y were filed on 3/1/2012	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility 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)		
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		7
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	S.S.
	Fi	orida
	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 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>	Address	Type of Action
MGR	DANIEL KENNEDY	300 MONROE STREET HOLLYWOOD, FL 33019	
			□ Remove
			Change
			☐ Remove
			۱ □ Change
			Add
			Remove
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			Remove
			Change
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	10/11/2018		
tive date, if other than the date of the flective date is listed, the date must be specified.	filing:	(op of filing or more than 90 days af	tional) der filing v Pursuant to 605
If the date inserted in this block does	not meet the applicable sta	tutory filing requirements, t	his date will not be liste
ment's effective date on the Department	of State's records.		
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Filing Fee: \$25.00