L12000059405

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ALLAHASSEE THE

COVER LETTER

TO:

Registration Section

Division of Corporations

.....KT

KTIRIO G&OUP 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:

MICHAEL REPPAS II

Name of Person

REPPAS & BRANNELLY, PLLC

Firm/Company

100.S. PINE ISLAND RD. SUITE 202

Address

PLANTATION, FL 33324

City/State and Zip Code

michael@reppasbrannellylaw.com

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

For further information concerning this matter, please call:

MICHAEL REPPAS

_{"/}305、822-842

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

KTIRIO GROUP LLC				
(Name of the Limite)	Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.)		
The Articles of Organization for this Limited Lia Florida document number L12000059405	bility Company were filed or	05/02/2012	and assi	gned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	he limited liability compan	v here:		
g lane, once the new name of	ne mined mainty compan	y nore .		
The new name must be distinguishable and end with the w	ords "Limited Liability Company,"	"the designation "LLC" or the al	bbreviation "L	.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				···········
			•	
B. If amending the registered agent and/o registered agent and/or the new registered off		s on our records, enter	the name	of the nev
Name of New Registered Agent:	MICHAEL J. REPPAS	<u> </u>	18 7	
New Registered Office Address:	100 S. PINE ISLAND	RD., SUITE 202	SEP NEIL	Lington Co.
	Enter	r Florida street address	(2) N	States
	PLANTATION	, Florida <u>3</u> 3	324 🙄	T
New Registered Agent's Signature, if changing Re	City gistered Agent:		Zip Code	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	and complete performance ered agent as provided for	e of my duties, and I am fo in Chapter 605, F.S. Or,	amiliar with if this docu	h and ment is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** _□ Add ☐ Remove □ Add ☐ Remove □ Add ____ Remove SECRETARY OF LLAHASSEH. H 7:40 □ Remove □ Add _□ Remove

, ,	• •
he effectiv	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated S	EPTEMBER 11 2014
Dated S	EPTEMBER 11 2014
Dated <u>S</u>	EPTEMBER 11 2014 Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE