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B. KOHR

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EXAMINER



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12 SEP 28 PH 2: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	egistration Section ivision of Corporatio	ons		•
SUBJECT	·•	PRIVATE EC	UITY REALTY LLC	;
	•		ted Liability Company	
The enclos	ed Articles of Amend	ment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspondence	concerning this matter	to the following:	
				12 12 mg
			JODI GOUGE	
			Name of Person	7
		KPI	_ DEVELOPMENT INC	PH 2: 16
			Firm/Company	To ??
	160 CAMINO REAL #285		RIDE	
			Address	7
		B.C	OCA RATON, FL 33432	
			City/State and Zip Code	
		JODI@	KPLDEVELOPMENT.	СОМ
			to be used for future annual repor	inotification)
For further	information concern	ng this matter, please o	call:	
	JODI G	OUGE	at (561)	447-7977
	Name of Persor			aytime Telephone Number
Enclosed is	s a check for the follo	wing amount:		
\$25.00	Filing Fee S	0.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING A Registration S Division of Co P.O. Box 632	ection orporations	STREET/CO Registration : Division of C Clifton Build	Corporations
	Tallahassee, F			we Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PRIVATE EQUITY REALTY LLC

48.) FEST OF THE PROPERTY OF T (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on	09/24/2012	and assigned
Florida document numberL2000122051	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here	2:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compan	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
 -	City	, Florida	Zip Code
	Cuy		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title -	<u>Name</u>	Address	Type of Action
MGR	PEPOS, PHILIPPE J	299 W CAMINO REAL #200 BOCA RATON, FL 33432	Add Remove
			Add Remove
D. If amer	nding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
_			_
_			_
Dated	SEPTEMBER 25TH		_
	Signature of	f a member or authorized representative of a member	
		PEPOS, PHILIPPE J	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00