

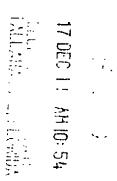
(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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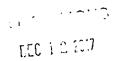
Special Instructions to Filing Officer:





12/11/17--01019--017 **30.00





COVER LETTER

SUBJECT: SED	WEEK REAL ESTATE Name of Limi	LLC.	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspo	ondence concerning this matter (to the following:	
	GARY P	2 A D c Name of Person	
	RED WEE	EK REAL ESTATE 1	1C
	301 7	BAY STRFET	
	TARPO	N SPZINGS, FL City/State and Zip Code	34689
	GARY@	REDWEEK, COM	
	,		ification)
For further information of	oncerning this matter, please ca	ıll;	
G ARY Nume o	PRADO I Person	at (<u>407</u>) <u>25</u> Area Code Daytin	19 - 11 43 ne Telephone Number
Enclosed is a check for t	ne followipg 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

TO;

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

KEDWEEK REAL ESTA	TE LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13 0000 48943</u> .	were filed on <u>04/03/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	700
The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be also be a second or the new name of the new nam	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	W/A	55
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	N/A	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Florida , 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 **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> ERIMIE, JANET 600 WECHSLER CRCLE DAdd MGR ORLANDO, FL 32824 ☐ Change DbA □ □ Remove □-€hange □ Remove □ Add ☐ Remove ☐ Change □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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ffective date, if other than the date of filing: 12 2017 (optional)				
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	- Dan	Larado		

Page 3 of 3

Filing Fee: \$25.00