L130000	167896
(Requestor's Name) (Address) (Address)	800255268588
(City/State/Zip/Phone #)	. 01/27/1401015006 ** 25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 14 JAN 27 PH 12: 10 SECRE ARY OF STATE TALLAHASSEE, FLORIDA
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COVER LETTER

TO: **Registration Section Division of Corporations**

:

17202 N 46TH CRT, 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:

		Josh Fogg		
			Name of Person	
		KAQ LLC		
			Firm/Company	
		4910 S Qui	ncy St.	
			Address	
		Tampa, FL	33611	
			City/State and Zip Code	
		jfogg@mac.com	(to be used for fature annual rep	ort notification)
For furt	her information e	oncerning this matter, please o		,
Jos	h Fogg		_{at} ,813,36	2-9022
	Name o	t Person		Daytime Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$25	00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee

Certificate of Status Certified Copy

(additional copy is enclosed)

е. 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 appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/08/2013 and assigned Florida document number L13000067896

This amendment is submitted to amend the following:

17202 N 46TH CRT, LLC

A. If amending name, enter the new name of the limited liability company here:

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:	4910 S Quincy St.	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33611	
		<u> </u>
Enter new mailing address, if applicable:	4910 S Quincy St.	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33611	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Josh Fogg	
New Registered Office Address:	4910 S Quincy St.	
	Enter Florida street address	
	Tampa	, Florida 33611
	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, FS. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGRM	TJ JACK 6, LLC	7745 DAWSON COUR	TAdd
		LAKE WORTH, FL 3346	67
MGR	KAQ LLC	4910 S QUINCY ST	 ∎ ∧dd
		TAMPA, FL 33611	Remove
			□ ∧dd
			Remove
			🗖 Add
			Remove
			Add
		·	CRemove
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			_ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of (The effective date must be specific, cannot be prior the date this document is filed by the Florida Dep	filing:(optional) or to date of receipt or filed date and cannot be more than 90 days after partment of State)
Dated JANUARY 24	2014
	408
Signatur	e of a member or authorized representative of a member
Josh Fogg	•
	Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00