# L14000004934

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	Address)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  2 Copies Certificates of Status  2 at Instructions to Filing Officer:		
	(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL	
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## **WALK IN**

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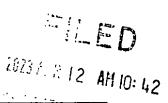
#### **COVER LETTER**

TO: Registration Section
Division of Corporations

1 2 1 23 1 12 27 27 27	REAL ESTATE MANAGEM	ENT	
	Name (	of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) a	re submitted for filing.	
Please return all co	orrespondence concerning this n	matter to the following:	
	Kurt Cuccaro		
		Name of Person	
	KAC Real Esate Mai	nagement, LLLC	
		Firm/Company	
	414 Cordova Boulev	rard NE	
		Address	
	St. Petersburg, FL 33	3704	
	<del></del>	City/State and Zip Code	
	kurt@mazzarosmarke		
	E-mail add	dress: (to be used for future annual report notification)	
For further inform	ation concerning this matter, pl	lease call:	
Kurt Cuccaro		at () 321-2400 Area Code Daytime Telephone Number	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		
■ \$25,00 Filing		ntus Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
Registr Divisio P.O. Bo	Address: ation Section n of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	0

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KAC REAL ESTATE MANAGEMENT, LLC

(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 JANUARY 9, 2014 and assigned
Florida document number L14000004934	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	414 Cordova Boulevard NE
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33704
Enter new mailing address, if applicable:	414 Cordova Boulevard NE
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33704
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new registere</u>
<del></del>	
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:

or removed fro	m our records:		 •	
MGR = Mans AMBR = Auth	0	r		

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Filing Fee: \$25.00