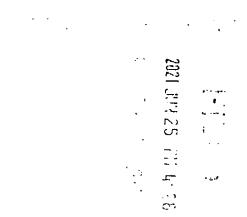
## L14000008954

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	tration Sect on of Corp			
	WFL REAL	ESTATE SERVICES, LLC	·	
SUBJECT: _		Name of Lin	nited Liability Company	<del></del>
The enclosed A	rticles of A	mendment and fee(s) are sub	omitted for filing.	
Please return al	l correspond	lence concerning this matter	to the following:	
		CHRISTINA KALKMAN	IN .	
		<del></del>	Name of Person	
	Firm/Company			
		1616 W. CAPE CORAL P	PKWY SUITE 102 #319	
			Address	_ 
		CAPE CORAL FLORIDA	x 33914	
			City/State and Zip Code	
		C.KALKMANN@AOL.CO		-
		E-mail address: (	to be used for future annual report notification)	
For further infor	rmation con	cerning this matter, please c	all:	: [:]
CHRISTINA K	ALKMAN	N	239 699-1462 at ( )	ξ⁻ -
	Name of P	erson	Area Code Daytime Telephone Nun	nber
Enclosed is a ch	eck for the	following amount:		
\$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	D Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	g Address: tration Se	ction	Street Address: Registration Section	
	on of Cor		Division of Corporations	
P.O. E	30x 6327	•	The Centre of Tallahassee	
Tallah	assee, FL	32314	2415 N. Monroe Street, Suite	c 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWFL REAL ESTATE SERVICES	S, LLC		
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears o Liability Company)	n our records.)
he Articles of Organization for this Limited Li lorida document number L14000008954	iability Company	were filed on $\frac{01/16}{6}$	2014 and assigned
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	f the limited liabi	ility company here	:
K REALTY TEAM, LLC			
he new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desig	mation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	5926 SW 1ST AVE	3
Principal office address MUST BE A STREET ADDRESS)		CAPE CORAL FL	ORIDA 33914
7			1221
nter new mailing address, if applicable:		1616 W. CAPE CO	ORAL PKYW, SUITE 102 #319
(Mailing address MAY BE A POST OFFICE BOX)		CAPE CORAL FL	ORIDA 33914
. If amending the registered agent and/or r gent and/or the new registered office addres		nddress on our reco	ords, enter the name of the new regis
Name of New Registered Agent:			
New Registered Office Address:	1616 W. CAPE	CORAL PKYW, SU	ITE 102 #319
		Enter Florida	street address
	CAPE CORAL		, Florida 33914
		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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTINA KALKMANN	1616 W. CAPE CORAL PKYW, SUITE 102 #319	□Add
		CAPE CORAL FLORIDA 33914	
MGR	CARSTEN KALKMANN	1616 W. CAPE CORAL PKYW, SUITE 102 #319	□Add
		CAPE CORAL FLORIDA 33914	□ Remove
		· · · · · · · · · · · · · · · · · · ·	EChange
			⊡Add _∃
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	<u> </u>
ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior  i. If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0 cable statutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective t filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
d 05/28/2021	<del></del>
rd 05/28/2021	

Filing Fee: \$25.00