

L14000018791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

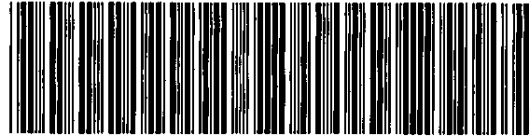
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

APR -9 2014

A. LUNT

Office Use Only



000258373520

04/07/14--01008--006 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR -7 PM 4:18

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KM1 PROPERTIES, LLC

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:

Conrad Willkomm, Esq.

Name of Person

Law Office of Conrad Willkomm, P.A.

Firm/Company

3201 Tamiami Trail North, 2nd Floor

Address

Naples, Florida 34103

City/State and Zip Code

conrad@swfloridalaw.com

E-mail address: (to be used for future annual report notification)

FILED
2014 APR -7 PM 4:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Conrad Willkomm

Name of Person

at **(239) 262-5303**

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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
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**

KM1 PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 APR - 3 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/03/2014

and assigned

Florida document number L14000018791

This amendment is submitted to amend the following:

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:

3510 3rd Avenue SW

(Principal office address MUST BE A STREET ADDRESS)

Naples, Florida 34117

Enter new mailing address, if applicable:

3510 3rd Avenue SW

(Mailing address MAY BE A POST OFFICE BOX)

Naples, Florida 34117

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CONRAD WILLKOMM	3201 Tamiami Trail North, Second Story	<input type="checkbox"/> Add
		Naples, Florida 34103	<input checked="" type="checkbox"/> Remove
MGR	DANA SCHULZE	3510 3rd Avenue SW	<input checked="" type="checkbox"/> Add
		Naples, Florida 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 APR - 7 PM 1:18
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 31 March, 2014.



Signature of a member or authorized representative of a member

DANA SCHULZE

Typed or printed name of signee