114000028530

(D ₀	questor's Name)	
(Re	questoi s Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
		/
Certified Copies	_ Certificates	of Status
		
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COVER LETTER

TO: Registration Se Division of Cor			` `**
Kaou	kiboard Prope	erties, LLC	
SUBJECT: TOO		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bertha Pere	Z	
		Name of Person	
	Kaoukiboard	d Properties	
		Firm/Company	
	7304 Founta	ain Ave	
		Address	
	Tampa Flo	rida 33634	
	silviadawson55@	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information of	oncerning this matter, please c	all:	
Silvia A Da	wson	_{at (} 813 ₎ 610-2	593
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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



May 1, 2014

SILVIA A DAWSON A TAX TIME INC 7015 DAWSON LANE TAMPA, FL 33634

SUBJECT: KAOUKIBOARD PROPERTIES, LLC

Ref. Number: L14000028530

We have received your document for KAOUKIBOARD PROPERTIES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 714A00009277

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KAOUKIBOARD PROPERTIES, LLC

ART	CICLES OF	AMENDMENT	our records.) -2014 and assigned	
,	T	O	and the second	
ART	ICLES OF C	ORGANIZATIO	N Style & A	
	C	F	4350 W/2 SD	
			African Pr	
_ KAOUKIBOARD PROP			3.0	
(Name of the Limit	<u>ed Liability Compa</u> (A Florida Limited	i <mark>ny as it now appears on o</mark> Liability Company)	our records.)	
			ORIGE STATE	
The Articles of Organization for this Limited Li	ability Company	were filed on 02-19-	-2014 and assigned	
Florida document number L14000028530	·			
This amendment is submitted to amend the follo	wing:			
This amendment is submitted to amend the folia	owing.			
A. If amending name, enter the new name of	the limited liab	ility company here:		
N/A				
he new name must be distinguishable and end with the	words "Limited Lial	oility Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	7304 FOUNTAI	7304 FOUNTAIN AVE	
(Principal office address MUST BE A STREET ADDRESS)		TAMPA FLORIDA 33634		
		 		
Tutou nou molling adduces if anniholder		7304 FOUNTAI	N AVF	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TAMPA FLORI	· · · · · · · · · · · · · · · · · · ·	
		TAMPATLONI	DA 33034	
3. If amending the registered agent and/	ou vogistored o	ffin adduses on our	records ontou the name of the name	
s. It amending the registered agent and/ registered agent and/or the new registered of	•		records, enter the name of the new	
		_		
Name of New Registered Agent:	SILVIA A DAWSON			
New Registered Office Address:	7015 DAW	SON LANE		
		Enter Florida str	eet address	
	TAMPA		, Florida <u>33634</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing F	Registered Agents			

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>	Address	Type of Action	
MGR	ERIC FOURES	7304 FOUNTAIN AVE	Hawas	
		TAMPA FLORIDA 3363	4 chave	
MGR	SABINE LAUNES	7304 FOUNTAIN AVE	Add	
		TAMPA FLORIDA 3363	•	
			Add	
			☐ Remove	
			🗖 Add	
			Remove	
			□ Remove	
			Add	
			□ Remove	

Đ.	If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		,
E.		tive date, if other than the date of filing:
	Dated	FEB 24 2014 .
		Salawn
		Signature of a member or authorized representative of a member
		SILVIA A DAWSON
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00