14000050444

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)
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Special Instructions to I	Filing Officer:	
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ANTHONY G. WOODWARD, ESQ. Tony@anthonywoodwardpa.com Shareholder

JUSTIN H. LEVITT, ESQ. Justin@anthonywoodwardpa.com Associate

October 17, 2018

SENT VIA OVERNIGHT MAIL (773500680057)

Florida Department of State Registration Section Divisions of Corporations 2661 Executive Center Circle Tallahassee FL 32301

Re: Articles of Amendment to Articles of Organizations

Our File No.: 2363.000

Dear Florida Department of State:

Enclosed please find Articles of Amendments to Articles of Organization and checks for the following Florida Entities:

Document No. (Sunbiz)	Entity Name	Check No.
L15000021919	Bluefin Realty LLC	13127
L14000050444	The Kong Group LLC	13128
L14000036204	Black Marlin Realty LLC	13129
L17000048284	The Kong Management Group LLC	13130
L15000189145	Red Drum Realty LLC	13133
L15000121353	Yellowfin Realty LLC	13132
L15000189145	The Kong Group LLC	13134
L17000001563	Blue Marlin RV Park LLC	13135
L16000173339	Whitetip Realty LLC	13136
L17000001665	Hogfish Realty LLC	13137
L16000015426	Lionfish Realty LLC	13138

Should you have questions or concerns, please do not hesitate to contact our office.

TM/W/

COVER LETTER

TO:		istration Sect ision of Corpo						
SUBJEC	ст	THE KONG	GROUP, LLC					
50000		~	Name of Lim	nited Liability Company		-		
			mendment and fee(s) are sub	Ť				
			ANTHONY WOODWAR	.D				
				Name of Person				
			WOODWARD LAW GRO	OUP			- A.	7,
				Firm/Company		_	81 JOJ 18	يو . ود ي
			20727 STERLINGTON D	RIVE			35	į
				Address		_	ン	
			LAND O' LAKES FL 336	47			ب. ب.	- -
			TONY@ANTHONYWOO			— _	L.	
Don Comb	: .	.e		to be used for future annual r	report notification)			
			ncerning this matter, please c					
OLUSU)I.A .	PALACIOS Name of I	Person	813 251 at () Area Code	Daytime Telephone Numl	 beг		
					•			
Enclosed	d is a	check for the	following amount:					
□ \$ 25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifi osed) Certifi	cate of ed Cop	f Status &	
			G ADDRESS:		/COURIER ADDRESS:	:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE KONG GROUP, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 02/19/2015 and assigned
lorida document number L14000050444	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	503 E Jackson St #315
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33647
nter new mailing address, if applicable:	503 E Jackson St #315
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33647
	2) 2) 3)
. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the
egistered agent and/or the new registered office address her	<u>™</u> :
Name of New Registered Agent:	
New Registered Office Address:	್ಲಿ
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = . Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PRES.	ELI JOSEPH	10946 BRUCE B. DOWNS #221	
		TAMPA FL 33647	© D
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fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	• • •	
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Filing Fee: \$25.00