

L14000103222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

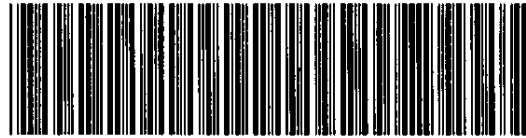
(Business Entity Name)

(Document Number)

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ALLAN H. SCHWARTZ
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JAMIE E. MORRIS
PAULA GOLD (RETIRED)

ESTABLISHED 1984

July 21, 2014

Sent Via Certified Mail 7011 2000 0001 0703 1142
Return Receipt Requested

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Organization of KKAD Holdings, LLC
File Number 20-6-2

Dear Sir/Mam:

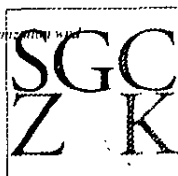
Enclosed please find our law firm's check in the amount of Twenty Five Dollars (\$25.00) for the filing of the enclosed Articles of Amendment to the Articles of Organization of the above referenced limited liability company. Please file the Articles of Amendment to the Articles of Organization and return a copy of the filed articles in the enclosed self-addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,

sent in his absence to avoid delay

David Kotler

Enclosures
DK/hg



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KKAD Holdings, 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:

David Kotler, Esquire

Name of Person

Schwartz, Gold, Cohen, Et al.

Firm/Company

54 SW Boca Raton Boulevard

Address

Boca Raton, FL 33432

City/State and Zip Code

dkotler@sgczklaw.com

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

For further information concerning this matter, please call:

David Kotler, Esquire

Name of Person

at (561) 361-9600

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**

KKAD Holdings, 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 06/27/2014 and assigned
Florida document number L14000103222.

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:

(Principal office address MUST BE A STREET ADDRESS)

5300 West Atlantic Avenue Suite 501

Delray Beach, FL 33484

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Amy Adaniel

New Registered Office Address:

5300 West Atlantic Avenue Suite 501

Enter Florida street address

Delray Beach

City

Florida 33484

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:

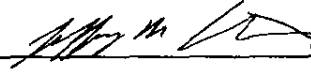
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

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

Please change the correspondence email address to Amy.Adaniel@icloud.com



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 JULY 10th, 2014



Signature of a member or authorized representative of a member

JEFFREY M. KORENTUR

Typed or printed name of signee

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Filing Fee: \$25.00

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