## 114000141109

	Requestor's Name)
(	requestors Hamey
(	Address)
(	(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(	(Document Number)
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J. HARRIE

## **COVER LETTER**

	Registration Se Division of Cor						
SUBJEC		ERTIES, LLC					
SUBJEC	···	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	tum all correspo	ndence concerning this matter	to the following:				
		REYNALDO M. CASUGA	A				
			Name of Person				
			Firm/Company	<del></del>			
		9927 LILLIAN HWY					
		Address					
		PENSACOLA, FL 32506					
		City/State and Zip Code					
		SUREBOXTRADING@HC					
For furth	er information co	n-mail address: (	to be used for future annual report notif	ication)			
KEYNA	LDO M. CASUO		at () 292-7953				
	Name of	Person	Area Code Daytime	e Telephone Number			
Enclosed	is a check for th	e following amount:					
<b>S</b> \$25.0	00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 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

/Standard for the first th	Company as it now opposes on our roa		
(A Florida Li	Company as it now appears on our rec mited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Com Florida document number L14000141109			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
KABAYAN PROPERTIES LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A	· (COM-) *	
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	21. 10 E22.2	
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)		00	
B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	ss here:		
	Enter Florida street ad	dress	
<del></del>	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date note: If the date inserted in this	block does not	meet the applica	able statutory filing	requirements, this	date will not be	o 605.0207 e listed as
cument's effective date on the	Department of	State's records.				
record specifies a delay The 90th day after the re	ed effective ecord is filed	date, but no	t an effective ti	me, at 12:01 a	.m. on the e	arlier of
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	Signature pra	member of autho	rized representative c	a member	7. 70G	<u>.</u> 
REYNALDO M. CAS	SUGA				\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	2 (
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		Typed or printe	d name of signee		(7)	o [7]
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Filing Fee: \$25.00