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## COVER LETTER

TO: Registration Section
SUBJECT: KUM TEAL ESTATE HOLD MRS, 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:
KENNETh McCoy Name of Person
McCoya Espiroza, P.A. Firm/Company
1571 N.W. 60Th AUE, SUITE 201 Address
City/State and Zip Code  City/State and Zip Code  E-mail address: (so be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status  \$25.00 Filing Fee & Certificate of Status  \$25.00 Filing Fee & Certificate of Status  \$25.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.)  July 5,  Company as it now appears on our records.)	LLC.		
The Articles of Organization for this Limited Liability Cor Florida document number	•	and ass	signed	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abb	reviation "L	.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			
	- Acres no acres			
•				
Enter new mailing address, if applicable:		<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)				_
				_
B. If amending the registered agent and/or registered agent and/or the new registered office addre		he name	of the	new
Name of New Registered Agent:				
New Registered Office Address:		<b>.</b>	201	
New Registered Office Address.	Enter Florida street address	200 EV	<u>-2-</u>	
	, Florida	态图	122 1	ELEAT.
	City	Zip Code		一
New Registered Agent's Signature, if changing Registered	Agent:	<u> </u>	P# .	1 1 i
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I am fa ent as provided for in Chapter 605, F.S. Or, i	ımiliär wi f this doci	th Bnd ument 1	

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>Address</u> **Type of Action** Title <u>Name</u> KENNETH MCCOUPT 15201 N.W.GDAVE. M/AM/LAKES, FL, 33014 - Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add Change Change \_□ Add □ Remove

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		Signature o	f a member or aut	horized representa	tive of a member		
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Filing Fee: \$25.00