## 1500003583

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	(Requestor's Name)
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SECRETARY OF STATE
SECRETARY SEEF, FLORID.

D. SCOTT FEB 2 1 2017

## **COVER LETTER**

TO:	: Regis Divisi	tration Secton of Corp	tion ' orations			
CHE		TLC 17th, 1	LLC			
SUL	BJECT: _		Name of Lim	ited Liability Company		
The	enclosed A	articles of A	mendment and fee(s) are sub	mitted for filing.		
Plea	ise return a	II correspon	dence concerning this matter	to the following:		
			Kelly P Kite Jr.			
				Name of Person		•
			Kite Tax Lien Capital, LLC	9		
				Firm/Company		•
	2055 US Highway 1					
				Address		•
			Vero Beach, FL 32960			
				City/State and Zip Code		•
			kelly@ktlc.us  E-mail address: (	to be used for future annual rep	oort notification)	
For	further info	ormation cor	ncerning this matter, please ca	·	,	••
	ly P Kite Jr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	772 538-7 at ( )	2507	THE THE THE
		Name of I	Person		Daytime Telephone Number	FILED RE 21
Enc	losed is a c	heck for the	following amount:			是2
sá .	\$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	te of Stätus &

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

KTLC 17th, 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  $\frac{1/7/2015}{1}$ and assigned Florida document number L15000003583 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 contain 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) 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: 416 SE Cortez Ave New Registered Office Address: Enter Florida street address Stuart City 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: MGR = Manager · AMBR = Authorized Member Title **Address Type of Action** <u>Name</u> \_□ Add □ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add \_□ Remove Change S □ Add □ Remove

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Tective date, if other than the an effective date is listed, the date must	date of filing:	o date of filing or more than 90 d	_ (optional) lays after filing ) Pursuant to 605
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ocument's effective date on the De	epartment of State's records.		
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Filing Fee: \$25.00