# L1500017953

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 102279 5165425 AUTHORIZATION COST LIMIT ORDER DATE: April 13, 2016 5:02 PM ORDER TIME : ORDER NO. : 102279-005 CUSTOMER NO: 5165425 DOMESTIC AMENDMENT FILING NAME: KSH SUNRISE 441, LLC വ EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY \_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

# **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJI		USE 441. LLC				
2004)	EC1:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		BEATRICE T WILLIAMS	S			
			Name of Person	*******		
		KONOVER SOUTH DEV	ELOPMENT CORPORATION			
Firm/Company						
		431 FAIRWAY DRIVE, S	SUIȚE 201			
			Address			
		DEERFIELD BEACH, FL	ORIDA 33441			
			City/State and Zip Code			
		BWILLIAMS@KONOVE				
		E-mail address: (	to be used for future annual report noti	fication)		
For fur	ther information co	oncerning this matter, please c	all:		⊼ <sub>ca</sub> ≥	
BEAT	RICE T WILLIAN	AS .	954- 354-8154 at ()		2016 APR SECRUTA	T)
	Name of		Area Code Daytim	e Telephone Number	R I U A	
Enclos	ed is a check for th	e following amount:			T (/:	
<b>≡</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

KSH SUNRISE 441, LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company w	vere filed on JANUARY 29, 2015		_ and ass	igned
lorida document number L15000017953				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabili	ity company here:			
ONOVER COMMERCIAL PARTNERS II, LLC				
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	r the abbre	viation "L.	L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		A CE	2016	
		<b>1&gt;</b> 20	3	
		SSA	<u> کد</u>	Participal September
		FT(	Ē	ا ر جنس
nter new mailing address, if applicable:			٠	1
Aailing address MAY BE A POST OFFICE BOX)	<del></del>	THE COL	<del>-</del>	
		287		
		۵,	-	
If amending the registered agent and/or registered offi	· -	enter the	e name	of the
gistered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flori	da		
	City		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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		,	Change
			D Add
			☐ Remove
	•		☐ Change
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	<u> </u>		Change  TASE GAdd  HASS
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			□ Remove
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			□ Change

	If amending any other informa	tion, enter change(s) here: (At	tach additional sheets, if ned	cessary.)
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing:	<del></del>			<u> </u>
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Effective date, if other than the date of filing:  fan effective 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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Dated APRIL 13  2016				·
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Signature of a member or authorized representative of a member	Dated	2016		
Signature of a member or authorized representative of a member	Dito	Delice		
,	of xeapure )	Signature of a member or authorized re	presentative of a member	
BEATRICE T WILLIAMS	REATRICE T WILLIAM			

Page 3 of 3

Filing Fee: \$25.00