L15000017977

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 102279 5165425
AUTHORIZATION: Spelle le man
COST LIMIT : \$\frac{1}{2}500
ORDER DATE : April 13, 2016
ORDER TIME : 5:02 PM
ORDER NO. : 102279-010
CUSTOMER NO: 5165425
DOMESTIC AMENDMENT FILING
NAME: KSH SUNRISE 441 HOLDINGS, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

CONER LETTER

Division of Corporations Registration Section

:OT

of Pe		Area Code	Daytime Telephone Number
BEATRICE T WILLIAMS		25 -429 () ts.	7518 -4
For further information conc	cerning this matter, please call:		
_	E-mail address: (to be us	ed for future annual	report notification)
I	BMILLIAMS@KONOVERSOUT	State and Zip Code	
	DEEKFIELD BEACH, FLORID ,	1 77 88 V	
		\$231bbA	
	431 FAIRWAY DRIVE, SUITE	. 107	
		Ynsqmo Nmi H	
	KONONEK SOUTH DEVELOP	МЕИТ СОКРОК	NOITA
		Name of Person	
	BEATRICE T WILLIAMS		
Please return all corresponde	ence concerning this matter to the	:gniwolloĵ	
The enclosed Articles of An	mendment and fee(s) are submitted	for filing.	
	Mame of Limited Lia	тик сошъчих	
anbrect:	: I besters 130 amolf		

⇒94 gailia 00.82\$ 🖼 38 30.00 Filing Fee & Enclosed is a check for the following amount:

(additional copy is enclosed) Certified Copy

35 55.00 Filing Fee &

WYIFING YDDKE22:

Certificate of Status

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

Registration Section STREET/COURIER ADDRESS:

(additional copy is enclosed)

Certified Copy Sertificate of Status &

.594 gailing Fee, □

Tallahassec, FL 32301 2661 Executive Center Circle Clifton Building Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KSH SUNRISE 441 HOLDINGS, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on or da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L15000017977	Company were filed on JANUAR	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
OKC HOLDINGS, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	**************************************	
Principal office address MUST BE A STREET ADD	PRESS)	
		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
•		
3. If amending the registered agent and/or reg	istered office address on our	records, enter the name of the n
egistered agent and/or the new registered office ad		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
		, Florida
	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

ORIDA ORIDA 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>Title</u>	<u>Name</u>	Address	Type of Action
			🗖 Add
			Remove
			Change
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amending any other information	n, enter change(s) here: (Att	ach additional sheets	, if necessary.)	
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	does not meet the applicable sta	of filing or more than 90 catutory filing requirement	_ (optional) lays after filing.) Poents, this date wil	ursuant to 605,02 Il not be listed
record specifies a delayed e	ffective date, but not an ϵ	effective time, at 1	2:01 a.m. on	the earlier
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Sig	mature of a member or authorized re	epresentative of a membe	T 38.51	
BEATRICE T WILLIAMS			TARY ASSE	
	Typed or printed name	e or signee	E 0 >	M
	Page 3 of	3	STATE ORID	

Filing Fee: \$25.00