# 115000024512

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# **COVER LETTER**

Division of Corporations		
SUBJECT: KKS REA	PL INVESTMENTS, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and	I fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
	PRIOSKA SANCHEZ  Name of Person	
	Firm/Company	
_1417	SE 34B TER	
<u>CAP</u> MAI	Address  Address  E Conal, FL-33904  City/State and Zip Code  Rioskasanchez 25 @ Gmail. Germail address: (to be used for future annual report notification)	ZOUS DOJ 20 Z
For further information concerning this n		OF STATE
MARIOSKA SANCHE Name of Person	Z at (239) 895-6355 S Area Code Daytime Telephone Num	TA O O O
Enclosed is a check for the following amount	ount:	
\$25.00 Filing Fee	te of Status Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)

### MAILING ADDRESS:

TO:

**Registration Section** 

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

KKS REAL INVESTING (Name of the Limited Liability Company as it n	ow appears on our records.)
(A Florida Limited Liability C	1-2 Oth
Florida document number <u>L15000024512</u>	cu on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- prince
(Principal office address MUST BE A STREET ADDRESS)	YALLA SECTION
	OCT 20 AHASSE
Enter new mailing address, if applicable:	T → T
(Mailing address MAY BE A POST OFFICE BOX)	S II O
B. If amending the registered agent and/or registered office ad- registered agent and/or the new registered office address here:	dress on our records, enter the name of the new
Name of New Registered Agent:	,
New Registered Office Address:	
	Enter Florida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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 Type of Action Name **Address** 1302 SW ZOTA ST CAPE CORAL, FL 33991 ALBERT N. BAEZA ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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tive date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date or	(optional) f filing or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	utory filing requirements, this date will not be list
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an ef	factive time at 12:01 a.m. on the carli
e 90th day after the record is filed.	recave time, at 12.01 a.m. on the earn
d 10-15-, 2015	
	presentative of a member

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Filing Fee: \$25.00