Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000197333 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205

Phone

: (305)416-6800

Fax Number

: (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ES KB PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

10

Electronic Filing Menu

Corporate Filing Menu

Help

3054**1**66811

ADAMS GALLINAR PA

PAGE 02/05 (((H15000197333 3)))

COVER LETTER

TO:	Registration Se Division of Cor			
CUBIE		rtners, llc		
SUBJE	L'1;	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mi ued for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Diane M. Hernandez		
			Name of Person	
		Adams Gallinar, P.A.		
		Name of Corporations KB PARTNERS, LLC Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filling. correspondence concerning this matter to the following: Diane M. Hernandez Name of Person Adams Gallinar, P.A. Firm/Company 1000 Brickell Avenue, Suite 300 Address Miami, Florida 33131 City/State and Zip Code dhernandez@agilaw.com E-mail address: (to be used for future annual report notification) matton concerning this matter, please call: ndez at (Area Code Daytime Telephone Number)		
		1000 Brickell Avenue, Sui	te 300	
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	+
		- -		
			•	ification)
For furti	ner information o	concerning this matter, please co	all:	
Diane N	A. Hernandez		305 416-6800	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for t	he following amount:		
\$25	.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
		ING ADDRESS:	STREET/COUR	

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

08/14/2015 16:48

3054166811

ADAMS GALLINAR PA

[[HI5000197333 3)])

2015 AUG 14 AM 8: 03

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ES KB Partners, LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number L15000063384	
This amendment is submitted to amend the following:	
-	
A. If amending name, enter the new name of the limited liability compa	any 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 here: Name of New Registered Agent:	on our records, enter the name of the new
New Registered Office Address:	
En	ter Florida street 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 provisions of all statutes relative to the proper and complete performan accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I company has been notified in writing of this change.	nce of my duties, and I am familiar with and or in Chapter 605. F.S. Or. if this document is
If Changing Registe	ered Agent, Signature of New Registered Agent
Page 1 of 3	
	(((H15000197333 3)))

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>	Name	Address	Type of Action
MGR	Eric Soulavy	350 Redwood Lane	Add
		Key Biscayne, FL 33149	≅ Remove
			☐ Change
MGR	Blue Jay Capital, LLC	240 Crandon Blvd.	Add
		Suite 250	
		Key Biscayne, FL 33149	☐ Change
			□ Remove
			☐ Change
			Remove
			□ Change
			□ Remove
			□ Change
			□ Add
			Remove
			☐ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		-
		_
		
		
		
		_ ~
		2015
		A S
	The state of the s	
	OFFICE AND ADDRESS OF THE ADDRESS OF	
		္ * ဤ ထ
		<u></u> 23
		_
(If an e: <u>Note</u> ;	tive date, if other than the date of filing: (optional) flective 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 6. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	05.0207 (3)(b) sted as the
f the re b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear a 90th day after the record is filed.	iler of:
Dated	August 14 2015	
	Signature of a member or authorized hypresentative of a member	
	Robert R. Adams, Esq., Authorized Representative	

Page 3 of 3

Filing Fee: \$25.00