L15000/06874

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15 JUIL - 7 PH 2: 21
SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO:	Registration Sec Division of Corp					
SHRH		COMMERCIAL, LLC				
SUBJECT:Name of Limited Liability Company						
		Amendment and fee(s) are sub				
Please	return all correspon	ndence concerning this matter	to the following:			
		BEATRICE T WILLIAM	S			
Name of Person						
KSH WEST COMMERCIAL, LLC						
			Firm/Company			
		431 FAIRWAY DRIVE, S	SUITE 201			
			Address			
		DEERFIELD BEACH, FL	ORIDA 33441			
			City/State and Zip Code BWILLIAMS@KONOVERSOUTH.COM			
	ication)					
For fu	ther information co	oncerning this matter, please of	to be used for future annual report notif			
BEATRICE T WILLIAMS		954 354-8154				
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	e following amount:				
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

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 ARTICLES OF ORGANIZATION **OF**

FILED .

15 JUIL-7 PH 2: 21

KSH WEST COMMERCIAL, LLC

SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records) SSEE. FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	iny were filed on JUNE 18, 2015	and assigned
Florida document number L15000106874		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	•
DKC WEST COMMERCIAL, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or t	he 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 registered agent and/or the new registered office address be		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> _□ Add _□ Remove _□ Change _ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00