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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

K. SALY DEC 27 2016

## **COVER LETTER**

TO: Registration Se Division of Cor			
suвјест: _Кілд	5 Point Plemier Name of Lim	Pluper hes, UC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kristen Kin	S Jainen Name of Person	
	and Realty In	Firm/Company	la The Signature Real Estate Componers
	901-CClint m		<del></del>
	Bora Ration, F	2 33487 City/State and Zip Code	
	Kniskn@Guadoa	nones.Com	ication)
For further information c	oncerning this matter, please ca	all:	
Kriskn Kin	a Jainer Person	at (501) 300 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)

TO:

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

ARTIC	LES OF ORGANIZATION OF	2016 DEC 23 PM 1: 43
Kings Point Pr (Name of the Limited I	iability Company as it now appears on our reco	TASECRETARY OF STATE
The Articles of Organization for this Limited Liabi	lity Company were filed on 8271	5 and assigned
Florida document number <u>L1500014712</u>	_	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
	<del>-</del>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	•	rds, enter the name of the new
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street add	ress
	,	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

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
Mamr	Quad Realty Investment	S, Inc. 901-C Clint Moore Ron Bora Raton, Fl. 33487	d_□ Add
	Estate Companies	Bora Raton, Fl 33487	Remove
			☑ Change
<del></del>		<del></del>	Add
			Remove
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			□ Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	Por de	۳,
,	DEC 23	-
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	SEE STATE OF THE S	; 
		تر
Effective dat	te, if other than the date of filing: (optional)	
f an effective d <u>Note:</u> If the c	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ffective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied day after the record is filed.	ro
Dated Dec	imber 19th, 2016.	
	Signature of a member or authorized representative of a member	
	Kristen King Jaiven Typed or printed name of signee	

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Filing Fee: \$25.00