L15000147129

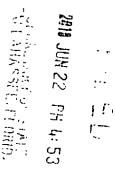
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JUN 25 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kings Point Premier Properties, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kristen King Jaiven, Esa. Name of Person The Signature Real Estate Companies Firm/Company
The Signature Real Estate Componies
901-C Clint Moore Road & P
Boxa Ratin, FL 33487 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristen King Triven at (501) 300 - 6901 Name afferson at (501) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee.\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Kings Point Premiee (Name of the Limited Liability Compa (A Florida Limited I	Poper hes, LCC uny as it now appears on our records.) Cability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L15000147129}$.	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Signature Matervicus Pr The new name thust be distinguishable and contain the words "Limited Liabil	-	_
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)		-
Enter new mailing address, if applicable:	Ch Ch	-
(Mailing address MAY BE A POST OFFICE BOX)		-
the state of the s	SI 5	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		new
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	-
	D1 .2.1 .	

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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rective date, if other neffective date is listed. ote: If the date inserte cument's effective date record specifies at the 90th day afte	the date must be specification this block does to on the Department delayed effecti	ie and cannot be prion not meet the application State's records ive date, but no	cable statutory til	more than 90 days aft ing requirements, th	nis date will no	t be liste
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Page 3 of 3

Filing Fee: \$25.00