

L15000197116

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KINNERFELT LLC

Certificate of Status	0
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Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN -6 A 8:57

FILED

JUN 07 2016

Warren
MASON

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Kinnerfelt LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/23/2015 and assigned Florida document number L15000197116.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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:

333 Las Olas Way, CU#1

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

333 Las Olas Way, CU#1

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter 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 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

FILED
2015 NOV - 6 A 8:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

FILED

2019 JUN 6 8:57 AM

Change Add Remove Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

