

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 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.**

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Email Address:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kinnerielt LLC		
(Name of the Limited Limited (A Florida Limited	iny as it now appear Liability Company)	s on our records)
The Articles of Organization for this Limited Liability Company	were filed on1	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 liab	ollity company he	e <u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	333 Las Olas W	ay, CU#I
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale	, FL 33301
Enter new mailing address, if applicable:	333 Las Olas W	
(Mailing address MAY BE A POST OFFICE BOX)		,
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	
	Enter Flor	rida street address
	Citv	, Florida

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

Page 1 of 3

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CRETARY OF STATE

CARLASSEF, FLORIDA

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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

Title Name <u>Address</u> Type of Action 2647 Edgewater Drive, Weston FL, 33332 MGR Robert Holm Kinnerfelt _∰ Add ☐ Remove ☐ Change bbA □_ □ Remove □ Change _□ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove 宫 回 Change Dicemove ထ္ □ **Gh**ange

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M 68 41	Secretaria de la compansión de la compan		,		
Nate: If th	date, if other than the date of filing: we date is limed, the date must be specific and ca ne date inserted in this block does not mee s effective date on the Department of Stat	et the applicable statutory	or more than 90 days at filing requirements, t	otional) fler filing.) Pursuant to this date will not be l	605.0207 (3 isted as th
e record The 90	d specifies a delayed effective dat th day after the record is filed.	e, but not an effect	ive time, at 12:0	i a.m. on the ea	rlier of:
_	Lauderdale (06/06/2016			
Dated Fon					
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Dated	Signature of a men	mber or authorized represen	ntative of a member		
Dated For	Robert Holm Kinnerfelt	mber or authorized represen	nee	20 8	
Dated For	Robert Holm Kinnerfelt	yped or primed name of sig			7
Dated For	Robert Holm Kinnerfelt	yped or printed name of sig	nee	Them. 4 17 7	TE
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