15000199039

	Req	uestor's Name	e)	
((Addı	ress)		
	(Add	ress)		
((City/	/State/Zip/Pho	ne #)	
PICK-UP	,	☐ WAIT		MAIL
	(Busi	iness Entity N	ame)	
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COVER LETTER

TO:	Registration Se Division of Cor	ection ' rporations
CHDIE		n Ridge, LLC
SUBJE	-1: <u> </u>	Name of Limited Liability Company
The encl	osed Articles of	Amendment and fee(s) are submitted for filing.
Please re	eturn all correspo	ondence concerning this matter to the following:
		Kelly P Kite Jr.
		Name of Person
		Kite Tax Lien Capital, LLC
		Firm/Company
		2055 US Highway 1
		Address
		Vero Beach, FL 32960
		City/State and Zip Code
		kelly@ktlc.us
		E-mail address: (to be used for future annual report notification)
For furth	er information co	concerning this matter, please call:
Kelly P	Kite Jr.	772 538-7507 at ()
	Name of	of Person Area Code Daytime Telephone Number
Enclosed	l is a check for th	he following amount:
□ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$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, FL 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

FIL	ED
2017 FEB 21	8 1.
SECRETARY	TH TEL

1996 Ocean Ridge, LLC

company has been notified in writing of this change.

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

(A Florida Limited Liability Company)

	(A Florida Limited	Liability Company)	FLORIDA
The Articles of Organization for this Limited I Florida document number L15000199039		were filed on 11/25/2015	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liab	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
		_	
Name of New Registered Agent:			
New Bonistanad Office Address	416 SE Cortez	Ave	
New Registered Office Address:		Enter Florida street aa	ldress
	Stuart		Florida 34994
		City	, Florida ³⁴⁹⁹⁴ Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regularing filed to merely reflect a change in the	per and complete istered agent as j	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to n I from our records:	nanage, enter the title, name, and address of ea	ach person being added
	lanager Authorized Member	2017 FEB 21 PH Ta 41	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE FALLAHASSEE, FLORIDA	Type of Action
		MELAHASSÉE, FLORIDA	Add
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	SECRETARY OF STATE TALL AHASSEE, FLORIDA
	- CARTING
te: If the date inserted in this blo	date of filing:
record specifies a delayed he 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.
February 16	2017
	Month
1	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00