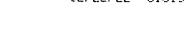
K16000040675

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Q. SILAS		
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Office Use Only





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COVER LETTER

TO: Registration Se Division of Cor			1 2
KLW HOM		•	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Lynne H. Whitmore		
		Name of Person	
	KLW Homes, LLC		
		Firm/Company	
	2917 Larranaga Drive		
	<u></u>	Address	
	The Villages, F1, 32162-75	72	
		City/State and Zip Code	
	E-mail address: ()	to be used for future annual report not	iffication)
For further information c	oncerning this matter, please ea	all:	
Lynne H. Whitmore		407 496-6195	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional cony is enclosed)	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

27 20 22 2.711:

KLW HOMES, LLC			· ·
(Name of the Limited L	iability Compa Iorida Limited I	inv as it now appears (Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number L16000040675	lity Company	were filed on 2/16/	2016 and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	<u>e limited liab</u>	ility company hero	:
COALESCENT TECHNOLOGIES, LLC			
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
If amending name, enter the new name of the limited liability of the name must be distinguishable and contain the words "Limited Liability ter new principal offices address, if applicable: eincipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: einling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office a ent and/or the new registered office address here:	2917 Larranaga D	rive	
		The Villages, FL 32162-7572	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered and/or the new registered office address h	stered office	2917 Larranaga D The Villages, FL address on our rec	32162-7572
Name of New Registered Agent:		<u>. </u>	
New Registered Office Address:	2917 Larranaga		
		Enter Floria	a street address
- -	The Villages	City	Florida 32162-7572
New Registered Agent's Signature, if changing Reg	istered Agent:	•	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of	gent and agr	ree to act in this co	apacity. I further agree to comply with and tam 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
			□Remove
			□Change
			🗀 Add
			□Remove
		, <u>-</u>	□Change
			□Add
			Remove
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If an eff Note:	ive date, if other than the date of filing:	05.0207 sted as
e recoi rd is ti	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day affiled.	ter the
Dated	Signature of a member or authorized representative of a member Mem	ker
	- Dayruck , with the land to the manner of a manner of	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00