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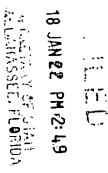
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

Division of Cor	porations			
	& K PROPERTY OF FLORID	A, LLC		
BJECT:Name of Limited Liability Company				
enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter	<u>-</u>		
	KEVIN REDLING			
		Name of Person		
	HARDING BELL INTER	NATIONAL, INC.		
		Firm/Company		
	113 PONTOTOC PLAZA			
		Address		
	AUBURNDALE, FL 3382	23		
		City/State and Zip Code		
	SUSAN.HARDING@HBF		<del></del>	
further information co	n-man address, ( oncerning this matter, please ea	to be used for future annual report notifi all:	cartori	
EVIN REDLING		863 968 - 1010		
Name of	Person	at () Area Code Daytime	Telephone Number	
losed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose)	
3233M Fully Fee	Certificate of Status	Certified Copy	Cert Cert	

MAILING ADDRESS:

Registration Section

TO:

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

L & K PROPERTY OF FLORIDA, LLC		
( <u>Name of the Limited Liability</u> ) (A Florida Li	Company as it now appears on our records.) imited Liability Company)	<u></u>
he Articles of Organization for this Limited Liability Con	npany were filed on MARCH 16TH, 2016	and assigned
lorida document number $\frac{1.16000053901}{}$		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	SS)	
	<u> </u>	<u>.                                    </u>
		JA
Inter new mailing address, if applicable:	<u> </u>	~ Z
Mailing address MAY BE A POST OFFICE BOX)	CI C	No. 1
	77	3 11
	<b>©</b>	NO.
3. If amending the registered agent and/or register		he Rame of th
egistered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street oddress	
	Florida	
	Cin	Zin 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

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

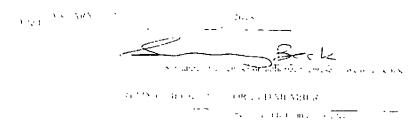
MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JULIE D. BECK	PO BOX 30255	
		GRAND CAYMAN	Remove
		XX KY1-1-202 KY	□ Change
	·		
			□ Remove
			Change
			52 D Add
			move S
			Change Ch
		Remove	
			☐ Change
		Remove	
			☐ Change
			Add
			Remove
			Change

O. H'amending any other information, enter change(s) here: (High challe to a success of excession).

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<del>-</del> .
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18 JAN & P
<del> </del>
PH-2: 15
SSEE. FLORIDA

The new aid specifies a delayed effective date, but not an effective time, at 12-01 a.m. to the earlies of The 90th day after the record is filled.



Page 3 of 3 Filing Fee: \$25.00