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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hatherine Biscardi Name of Person
K+N Developers LLC
1137 NE 13 Ave
Address  For t Lauder dale F13330  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Talkeriue 515 cardi at (305) 790 5284  Name of Person at (305) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$certificate of Sta

### **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

# TO ARTICLES OF ORGANIZATION

1

K4N 1)01	uploners LC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
	- <i>(( </i>
Florida document number	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	led Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7.0
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	المراجعة الم
(Mailing address MAY BE A POST OFFICE BOX)	F. 50
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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Now Designated Assetts Circustum of the series Designature	A manufacture of the state of t

#### 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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member **Title Type of Action Name Address** Annotte Andradez 315 Burnt Mondows Rogadd

Gardiner NY 12525 Rem ☐ Change mar Alatasha Biscardi □ A@d ☐ Rem ve □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove

☐ Change

Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be/pyfor to diacyof filing/or more than 90 days after filing.) Pursuant to 605 0207 (3)  Note: If the date inserted in this block does not meet the applicable slatutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  9/27  Republic of a member or studiofized representative dra member  The 30th day after the record is filed.			
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The 90th day after the record is filed.  Dated 9/27, 20/6,  Signature of a member or authorized representative of a member  HANNING DISCARCI	iffect f an eff Note: docum	ive date, if other than the date of filing:	0207 (3)(I d as the
Signature of a member or authorized representative of a member  1 1900 1 10 1900 1 190			r of:
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- Batherine Biscardi		Signature of a member or authorized representative of a member	
		- Batherine Biscardi	

Page 3 of 3

Filing Fee: \$25.00