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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KAYE-ALAN PROPERTIES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gandra Delay Name of Person
Firm/Company
1468 S.W. Main Blvd. Ste. 105-92
Lake City FL 32025
Eity/State and Zip Code Kaye-alan a proton mail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Sandra Delay at (863) 517-0349 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the 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 Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1,600,106,713	were filed on June	201,2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Liabil	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1468 S.W.	Main Blvd. Ste 105-92
(Principal office address MUST BE A STREET ADDRESS)	Lake Cit	7, FL 32025
		00.000
Enter new mailing address, if applicable:	Mailing as	daress is same
(Mailing address MAY BE A POST OFFICE BOX)	as abo	<u>vc</u>
	No 705	FOFFICE BOX 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	s, enter the name of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	eet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete.		

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 = AMBR =	Manager Authorized Member	7-	
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
			□ Change
			□Remove
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	Signatur	re of a member or authorized	representative of a mem	ber	
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Filing Fee: \$25.00