

C16000125354

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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR -3 PM 2:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KPS INN, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and sec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDISON ESPINOZA

Name of Person

KPS INN, LLC

Firm/Company

8 Broadway Ave, Suite 101

Address

Kissimmee, FL 34741

City/State and Zip Code

ed_espinoza@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edison Espinoza

at (407) 437-1079

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

The Articles of Organization for this Limited Liability Company were filed on 06/29/2016 and assigned
Florida document number L16000125354

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KPS INN, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8 Broadway Avenue

Suite 101

Kissimmee, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8 Broadway Avenue

Suite 101

Kissimmee, FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Not applicable

New Registered Office Address:

Not applicable

Enter Florida street address

Not applicable

, Florida

City

Zip 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, 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>	<u>Address</u>	<u>Type of Action</u>
	Not applicable		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Not applicable		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Not applicable		<input type="checkbox"/> Add
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	Not applicable		<input type="checkbox"/> Add
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	Not applicable		<input type="checkbox"/> Add
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	Not applicable		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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WASHINGTON, D.C.
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 24

2017

2017

Balson Espinoza

Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

Edison Espinoza

Typed or printed name of signee