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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CORP USA Account Name Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KONA FAMILY MANAGEMENT, LLC

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Page Count	05
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Corporate Filing Menu

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CORP USA

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COVER LETTER

TO: Registration S Division of Co		,	, 110		
SUBJECT:	KONA TAY	nily Manae	Jement, LLC		
The enclosed Articles of	f Amendmeni and fee(s) are sub	mined for filing.	,		
Please return all corresp	ondence concerning this matter	to the following:			
	MAX A. ADAMS, ESQ.				
		Nume of Person			
	LAW OFFICES OF MAX	a. Adams, ESQ Pllc			
		Pinn/Company			
	2151 S. LEJEUNE RD, ST	ΓE. 306			
Address					
	CORAL GABLES, PLOR	TDA 33134			
		City/State and Zip Code			
	ANGIE@THEMEDILAW	FIRM.COM to be used for future wirmunt report no	(Carlos)		
Por further information	concerning this matter, please c	•	inicatory		
angela perez	•	305 444-3484			
Nums	of Person		ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Piling Fee & Certificate of Status	□ \$55.00 Filing Pee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regist Divisk P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallatrassee, FL 3:	orations center Cirole		

ARTICLES OF AMENDMENT TO

ARTICLI	es of organization	N		
The Articles of Organization for this Limited Liability	bility Company as Ir now appears on ride Lumied Liability Company)	1/2.//	ULC and assigned	
Florida document number <u>L/6000/3</u>				
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "I	imited Liability Company," the design	ation "LLC" or the abbreviat		
Enter new principal offices uddress, if applicable:				
(Principal office address MUST BE A STREET AD.	DRESS)	<u> </u>	<u>2</u>	
Endanger welling address if anylingbles		70.00 70.00	∮ √ R >	Ī
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- A	
IMUHING UNIVERS WALL BE A FOST OFFICE BOX		- 5	F 2	- -
B. If amonding the registered agent and/or re- registered agent and/or the new registered office a		r records, enter the n	ame of the	LICH'
Name of New Registered Agent:				-
New Registered Office Address:	Eruer Florida si	ireei address		
		Florida		
	City		Cody	_
New Registered Agent's Signature, if changing Registo	red 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

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or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> □ Add Kemove ☐ Change □ Add - Remove ☐ Change _□ Remove ☐ Change bbA 🔾 ☐ Remove Change □ Add □ Regnave 🗆 Chapge

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Change

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