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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:

Acdount Name : THE LAW OFFICES OF NICK SPRADLIN PLIC

Account Number: I2007C000020 Phone : (813)435-3176

Fax Number : (713)429-1276

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

Email Address: -1 □

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

K&I INVESTMENT PROPERTIES, LLC

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\$25.00

S Warren

SEP 20 2016

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		#		
K&I INVESTMENT PROPER	Drips II C	*****		
	Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
	(A Floring Limited Liability Company)	<u> </u>		
	led Liability Company were filed on 08/11/2016	and assigned		
lorida document number L16000150520	 	ľ		
his amendment is submitted to amend the	following:	} !		
. If amending name, enter the new nam	me of the limited liability company here:			
he new name must be distinguishable and contain	the words "Limited Liability Company," the designation "LLC" or the abbrev	iation "L.L.C."		
nter new principal offices address, if ap	pplicable:			
<u>Principal office address MUST BE A ST</u>	REET ADDRESS)			
nter new mailing address, if applicable				
<u>Mailing address MAY BE A POST OFFI</u>	ICE BOX)			
		<u> </u>		
egistered agent and/or the new registere Name of New Registered Agent:	and/or registered office address on our records, enter the ed office address here:	نقري سية المحادث		
New Registered Office Address:				
New Registers White Address.	Enter Florida street address	Enter Florida street address		
	, Florida	j.		
	City Z	ip Code		
ew Registered Agent's Signature, if chang	ing Registered Agent:			
rovisions of all statutes relative to the p ecept the obligations of my position as i	_	liar with and is document is		
	7 75			
	If Changing Registered Agent, Signature of New Register	red"Noent		
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	Page 1 of 3	TI.		
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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>	Name	Address	Type of Action
AMBR	DARE, IRINA		
		5225 SALTAMONTE DR	Remove
		NEW PORT RICHEY, FL 34655	Change
AMBR	LATHAM, EARL K		
		5225 SALTAMONTE DR	Remove
		NEW PORT RICHEY, FL 34655	Change
вкоми	LATHAM, EARL K		
		5225 SALTAMONTE DR	□ Remove
		NEW PORT RICHEY, FL 34655	Change
BKOWN	DARE, IRINA		Add
		5225 SALTAMONTE DR	□ Remove
		NEW PORT RICHEY, FL 34655	Change
· · · · · · · · · · · · · · · · · · ·			
			Remove
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