L16000156918

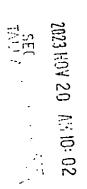
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| , , , , , |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| /m.x |
| V Tr |

Office Use Only



300419224903

11/20/23--01021--014 **185.00



DocuSign Envelope ID: 180BB7C3-76D2-4861-A9D9-FC80E1C22169

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| · | ks Commercial Group LLC ed Liability Company as it now appears on or (A Florida Limited Liability Company) | nr records.) |
|---|---|--|
| The Articles of Organization for this Limited Li Florida document number <u>L16000156918</u> | | |
| This amendment is submitted to amend the following | owing: | |
| A. If amending name, enter the new name of | f the limited liability company here: | |
| The new name must be distinguishable and contain the w Enter new principal offices address, if applic (Principal office address MUST BE A STREE | able: | SOR ELC OF the abbreviation E.E.C. |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX _i | 1023 HOV 20 |
| B. If amending the registered agent and/or ragent and/or the new registered office addre | registered office address on our record ss <u>here</u> : | ls, enter the name of the new registered |
| Name of New Registered Agent: | Jay Crow | |
| New Registered Office Address: | 1170 Celebration Blvd. Suite Enter Florida str | |
| | Celebration Circ | , Florida <u>34747</u> 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.

--- DocuSigned by

DocuSign Envelope ID: 180BB7C3-76D2-4861-A9D9-FC80E1C22169

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 |
|------------------|-----------------------|----------------------------------|----------------|
| MGR | Jay Crow | 1170 Celebration Blvd. Suite 200 | ⊠Add |
| | | Celebration. FL 34747 | □ Remove |
| | | | □Change |
| MGR Nancy K Crow | Nancy K Crow | 1170 Celebration Blvd. Suite 200 | |
| | Celebration, Ft 34747 | □Remove | |
| | | | □ Change |
| MGR | Denise LeHeup | 11 S Bumby Avenue, Suite 200 | □ Add |
| | Orlando, FL 32803 | ⊠Remove | |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | |
| | | | |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | FlChange |

| it ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------------------|--|
| _ | |
| - | |
| - | |
| - | |
| - | |
| _ | |
| | |
| | |
| - | |
| - | |
| - | |
| - | |
| - | |
| | |
| | |
| ٠ | |
| | |
| | |
| a v ever | tontional) |
| Note: | fective date, if other than the date of filing: |
| e reco rd is fi | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. |
| Dated | 11/13/2023 5:31 PM EST |
| | DocuSigned by: |
| | 782ABD STRINGE of a member or authorized representative of a member |
| | — / 04/1000/025/11/40 |
| | Jay Crow Typed or printed name of signee |

Filing Fee: \$25.00