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(Requestor's Name)
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C. GOLDEN SEP 22 2020

COVER LETTER

TO:

	egistration Se ivision of Cor			
SUBJECT		OPERTIES LLC		
SUBJEC I	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase retu	m all correspo	ndence concerning this matter	to the following:	
		DAVID GAITO		
			Name of Person	
		K LAB PROPERTIES LL	C	
			Firm/Company	
		2141 Blount Rd		
1			Address	
		POMPANO BEACH, FL	33069	
			City/State and Zip Code	
		DAVID@OFRACOSMETI		
Car fambas	in Committee a		to be used for future annual report notifi	cation)
		oncerning this matter, please ca		
keith@silv	ersteinpa.com		305 868-0200 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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)
R D P.	ailing Address egistration S ivision of C O. Box 632 allahassec, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations
			Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

K LAB PROPERTIES LLC

21 2 11 - H PM 1: ng

	(A Florida Ellinted Ella	omey Company)	
The Articles of Organization for this Limited Florida document number L16000161392	Liability Company w	ere filed on 08/29/2016	and assigned
This unendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
· .			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ade ess here:	dress on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:	Keith D. Silverstein, Esq.		
New Registered Office Address:	HIII Brickell Ave	enue. Suito 1550	
		Enter Florida street add	dress
	Miami	,	Florida 33131
		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

Title	Name	Address	Type of Action
AMBR	John Smaller	2141 Blount Rd	□Add
		POMPANO BEACH, FL 33069	≣Remove
			□Change
			□Add
			□Remove
4			□Change
			□Add
			Remove
			□Change
			□Add
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******			□Add
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ffective date	, if other than the	e date of filir	ng:	or to date of filin	ng or more than	(option) 0 days after fil	al) ing.) Pursuant to (505.0207
ocument's eff	ite inserted in this bleetive date on the D	epartment of	State's record	s.	y ming requir	ements, this d	ate will not be i	isted as
	es a delayed effectiv	ve date, but no	nt an effective	time, at 12:01	a.in. on the e	orlier of: (b)	The 90th day a	fter the
l is filed.			2020	·				
l is filed.				·				
record specifical is filed. Dated July 31		Signature of a		horized represe	ntative of a mer	nber		