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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

K1 Realty C	Group, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Karen Lewis		
		Name of Person	
	Name of Limited Liability Composed Articles of Amendment and fee(s) are submitted for filling.  urn all correspondence concerning this matter to the following:    Karen Lewis		
		Firm/Company	
	12555 Orange Drive, Suite	237	
		Address	
	Davie, FL 33330		
		City/State and Zip Code	
	· · ·		
		•	dication)
For further information c	oncerning this matter, please c	all;	
Karen Lewis		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Corporations  The Centre of Tallahassee	
P.O. Box 632 Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

## 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	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
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)	
Park, are accounting and discounting of the problem block	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter t	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the second sec	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter t	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	he name of the newreg
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:  Name of New Registered Agent:	he name of the newreg
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	he name of the newreg

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>	Address	Type of Action
MGR	Ike Lewis, Jr.	13001 SW 11 Court Unit 312A Pembroke Pines, FL	_ 33 <b>≡</b> Add
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an effective date [ote: If the dat	if other than the is listed, the date mus e inserted in this ble ctive date on the De	t be specific and ca ock does not mee	anot be prior to da t the applicable	te of filing or more t statutory filing re	(option han 90 days after fi quirements, this c	ling.) Pursuant to 605.	.0207 ( ed as t
is filed.	s a delayed effectiv				ne earlier of: (b)	The 90th day after	r the
ated	-10 Kar	, <u>, , , , , , , , , , , , , , , , </u>	2021.				
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Typed or printed name of signee