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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

MAY 23 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KACIE CONDOS, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BYRON RIVADENEIRA

Name of Person

IRA FINANCIAL GROUP

Firm/Company

1688 MERIDIAN AVENUE, SUITE 504

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

LLC@IRAFINANCIALGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BYRON RIVADENEIRA

305 330-1525  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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> | <u>Name</u>      | <u>Address</u>              | <u>Type of Action</u>           |
|--------------|------------------|-----------------------------|---------------------------------|
| MGR          | SUSAN M. BRADLEY | 5855 MIDNIGHT PASS RD, #733 | <input type="checkbox"/> Add    |
|              |                  | SARASOTA, FL. 34242 US      | <input type="checkbox"/> Remove |
|              |                  |                             | <input type="checkbox"/> Change |
|              |                  |                             | <input type="checkbox"/> Add    |
|              |                  |                             | <input type="checkbox"/> Remove |
|              |                  |                             | <input type="checkbox"/> Change |
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PRINCIPAL ADDRESS - 2953 BEE RIDGE RD, SARASOTA, FL 34239

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 15, 2017

Signature of a member or authorized representative of a member

ADAM BERGMAN

Typed or printed name of signer

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