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COVER LETTER

TO:	Registration Se Division of Cor		"			
etid II		RALEIGH DECLARANT, L	LC			
อบอาเ	ECT:		ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		ANDREW FORNESS				
		-	Name of Person			
FORNESS PROPERTIES, LLC						
Firm/Company						
2221 LEE ROAD, SUITE 11						
			Address			
		City/State and Zip Code				
		CHELSEA@FORNESSPR	OPERTIES.COM			
		E-mail address: (to be used for future annual report notif	ication)		
For fur	ther information c	oncerning this matter, please co	all:			
ANDREW FORNESS		407 403-5846				
	Name o	f Person	at () Area Code Daytime	: Telephone Number		
Enclose	ed is a check for th	ne following amount:				
■ S2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KIRKMAN RALEIGH DECLAR				
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited I Florida document number L17000069432	<u>13/27/2017</u> a	and assigned		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company l	<u>nere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrevial	ion "L.L.	C."
Enter new principal offices address, if appli	cable:			<u></u>
(Principal office address MUST BE A STREET ADDRESS)				NS:
			38	<u> </u>
				<u> </u>
Enter new mailing address, if applicable:			7	
				<u>- ಇಲ್ಲ</u> ೯
(Mailing address MAY BE A POST OFFICE	<u></u>	 .	- ë-	
			<u>2</u> 3	-
B. If amending the registered agent and registered agent and/or the new registered of	office address here:		name of	the nev
Name of New Registered Agent:	FORNESS PROPERTIES, LLC			
New Registered Office Address:	2221 LEE ROAD, SUITE 11			
	Enter Fl	orida street address		
	WINTER PARK	, Florida 32789		
	City		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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	CRAM HOLDING, LLC	3081 MICHIGAN AVENUE	5
		KISSIMMEE, FL 34744	B Add
			☐ Remove
			□ Change
MGR	KIRKMAN RALEIGH INVESTORS, LLC	630 S. MAITLAND AVENUE. SUITE 100	
		MAITLAND, FL 32751	■ Remove
		 	□ Change
		-	
		-	☐ Remove
			Change
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ffective date, if other than the o	ate of filing:	(optional) or more than 90 days after filing.) Pursuant to 60	
an effective date is listed, the date must ote: If the date inserted in this blo	e specific and cannot be prior to date of filing o	or more than 90 days after filing.) Pursuant to 60 iling requirements, this date will not be lis	5.0207 ited as
ocument's effective date on the De			
e record specifies a delayed The 90th day after the reco		e time, at 12:01 a.m. on the earl	ier o
SEPTEMBER 10	2018		
lated			
lated Services	<i></i>		
rated	ignature of a member or authorized representat	dia Campania	

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Filing Fee: \$25.00