

# L170000 87180

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(Requestor's Name)

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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

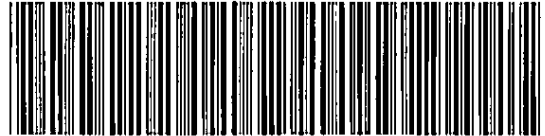
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 12 2019

S. YOUNG



KYLER, KOHLER  
OSTERMILLER  
& SORENSEN

A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr. Suite 200  
Cedar City, Utah 84720  
Phone 435-586-9366  
Fax 435-586-9491

Andrea Emans, Paralegal  
[Andrea@kkoslawyers.com](mailto:Andrea@kkoslawyers.com)

July 31, 2019

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment to Articles of Organization for **Kosookun Dai Properties, LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**KYLER KOHLER OSTERMILLER & SORENSEN, LLP**

A handwritten signature in cursive script that reads "Andrea Emans".

Andrea Emans,  
Paralegal

Enclosure

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Kosookun Dai Properties, LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/19/2017

and assigned

Florida document number L17000087180

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Eric Leach

New Registered Office Address:

117 S. French Avenue

Enter Florida street address

Sanford

, Florida 32771

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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(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.

Dated July 30, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee