L17000101534

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COVER LETTER

TO:	Registration Sec Division of Corp		·	
SUBJE		ATE KNOWING LLC		
SOBJE	VI	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JUANITA ALBORNOZ		
			Name of Person	
			Firm/Company	<u> </u>
		3545 NE 167 ST #508		
			Address	
		NORTH MIAMI BEACH	FL 33160	
			City/State and Zip Code	
		JUANITAALBORNOZPA	@GMAIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
JUANI	TA ALBORNOZ		786 346-1545	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL ESTATE KNOWING LLC (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 MAY 8, 2017 __ and assigned Florida document number _L17000101534 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KI REALTY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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: New Registered Office Address: Enter Florida street address

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

, Florida

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>	Type of Action	
			□ Add	
			□ Remove	
				
			□ Change	
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ffective date, if other t an effective date is listed, the lote: If the date inserted ocument's effective date	e date must be specific a in this block does no	and cannot be prior to t meet the applicat	o date of filing or mo		ling.) Pursuant to 60	
e record specifies a The 90th day after			an effective tir	me, at 12:01 a.	m. on the earl	ier o
MAVO		2017				
ated MAY 9	Signature of	a member or author	ized representative of	Obo To Samember	7	

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Filing Fee: \$25.00