

Florida Department of State
 Division of Corporations
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L1700018129030

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : 120160000017
 Phone : (855) 498-5500
 Fax Number : (800) 432-3622

2020 JUN 15 AM 11:56

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 KLSURF LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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 2020 JUN 15 PM 2:08

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

2020 Jun 15 AM 11:56

KLSURF 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 5/16/2017 and assigned Florida document number L17000107730.

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:

56 Cushman Road

(Principal office address MUST BE A STREET ADDRESS)

Scarsdale, New York 10583

Enter new mailing address, if applicable:

56 Cushman Road

(Mailing address MAY BE A POST OFFICE BOX)

Scarsdale, New York 10583

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

_____, **Florida** _____

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

2020 JUN 15 AM 11:56

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mitchell J. Katz	7 Cedar Lane	<input type="checkbox"/> Add
		Scarsdale, New York 10583	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Clarissa Reynolds Lefkowitz	56 Cushman Road	<input checked="" type="checkbox"/> Add
		Scarsdale, New York 10583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven Lefkowitz	56 Cushman Road	<input checked="" type="checkbox"/> Add
		Scarsdale, New York 10583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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