## L17000120249

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/F110fie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document (Minoci)
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SEP 2 8 2020 S. YOUNG



August 26, 2020

ILENIS PANTALEON TRADEWINDS POWER CORP 5820 NW 84TH AVENUE MIAMI, FL 33166

SUBJECT: KNT REALTY GROUP LLC

Ref. Number: L17000120249

We have received your document for KNT REALTY GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00016335

Shelia H Young Regulatory Specialist II

www.sunbiz.org

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## **COVER LETTER**

TO: Registration Se Division of Cor			
subject: Knt	Realty broup Name of Lim	nted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ilenis	Partateon Name of Person	
	Knt Real	ty Group LLC	
		84th Avenue	
	Miami,	FL 33166	
	ipantaleon @	FL 33166 City/State and Zip Code Frade winds pow to be used for future annual report no	e(.com
For further information c	oncerning this matter, please ca	all:	
Ilanis Pa Name o	ntuleon f Person	at ( <u>305</u> ) <u>596</u> Area Code Dayu	ne Telephone Number
Enclosed is a check for th	ne following amount:		
11 \$25.00 Filing Fee	Cl \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	. 1 S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knt P		roup. L			
(Name of the Limited (A	Liability Company Florida Limited Lii	r as N <u>now appe</u> ibility Company	ars on our records.)	2020 S	۳ <del>۲</del> ۳
The Articles of Organization for this Limited Liab Florida document number <u>L1700012</u> 02	49	ere filed on _		EPS PH	signed
This amendment is submitted to amend the follow	ing:			5: 30 St. 30	
A. If amending name, enter the new name of the	ne limited liabili	ty company	<u>here</u> :		
N/A The new name must be distinguishable and contain the work			. As common "III ("" or	Osa abbragation "I	
		11/1	•		
Enter new principal offices address, if applicab			<u></u>		
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>				
Enter new mailing address, if applicable:		v/A			
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>				
B. If amending the registered agent and/or reg agent and/or the new registered office address	here:				
Name of New Registered Agent:	Ilenis	Parto	aleon 84 <sup>th</sup> Aver torda sircei address .Floric		
New Registered Office Address:	5820	NW Enter F	84" Aver	10e	<del></del>
	plia	mi	, Floric	ia 33/ <b>6</b> 6	<b>,</b>
		Citi		Zıp 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, Signal of Changing 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 Address Title Name 3820 NW 84th Ave \_ \_\_ Add Charles Weeks Miami, Pl 33166 MRemove Itenis Pantaleon 5820 NW 84th Ave While MGR. Hiami, FL 33166 Remove MGR Elizabeth Tracy 5820 NW 84th Ave Nadd Miami FL 33166 DRemove \_\_\_\_ []Change \_\_\_\_\_ □Add \_\_\_ [] [] Remove \_\_\_\_ UChange \_ [ ElAdd □Remove ... \_\_ []Change

	N/A
	<u> </u>
	<del></del>
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	data if other than the data of filing: 8/1/2020 (antional)
ective	uate, if other than the date of filing.
	e 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 605.02 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	s effective date on the Department of State's records.
	·
cora sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	. /
	September 18th 2000.
ed	September 18. 2000.
	M-1.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Thomas Traces TIT