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S. WARREN 'JUL 18 2017

## **COVER LETTER**

Division of Corporations
UBJECT: R.P. M. O. PROPERTIES 11 LLL.  Name of Limited Liability Company
Name of Limited Liability Company
the enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Ryan Baym
Name of Person
Firm/Company
2854 NE ROSETREE DETVE
JENSEN BEACH FL 3495.7  City/State and Zip Code  Ryan Baym 19 6 Vahoo, Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
RyAN BAUM at (772) 215-0421 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K.P.M.O. Ye	OPERTIES 11, LLC.
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
	Company were filed on $6/20/2017$ and assigned
This amendment is submitted to amend the following:	- <b>-</b> '
_	
A. If amending name, <u>enter the new name of the lim</u>	ited hability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	tered office address on our records, enter the name of the new
egistered agent and/or the new registered office add	ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and concept the obligations of my position as registered as	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
<u>MBR</u>	RYAN BAUM	2854 NE ROSETRÉE DR. JENSEN BEACH, FL 34957	Add
		JENSEN BEACH, FL 34957	_ <b>⊞</b> Remove
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11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ye date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated .	Jyny 14TH 2017
	Signature of a member or authorized representative of a member
	Ryan Baum
	Typed or printed name of signee
	Page 3 of 3
	Page 3 of 3 ≒™ N

Filing Fee: \$25.00