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COVER LETTER

	Registration Sec Division of Corp			
enb ira		KAHN FLORIDA REAL EST	ATE LLC	
SUBJEC	••	Name of Limi	ted Liability Company	····
The enclo	sed Articles of z	Amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter t	to the following:	
		ASHLEY ZOHAR		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	****
		LAW OFFICE OF ASHLE	EY ZOHAR PLLC	
			Firm/Company	
		505 E. JACKSON ST, ST	TE. 302	
			Address	
		TAMPA, FL 33602		
			City/State and Zip Code	
		ASHLEY@ASHLEYZOHA		
		ti-mail address: (t	o be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	ll:	
ASHLEY	ZOHAR		813 922-5290	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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 tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

MICHAEL KAHN FLORIDA REAL ESTATE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000129226	were filed on 5/23/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15114 CONTOY PLACE	s 01VI
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33618	SIOR AU
		3 G 3 G
Enter new mailing address, if applicable:	15114 CONTOY PLACE	AH .
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33618	9: And
		<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	ter the name of the ne
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	νώ,	esp. Som

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	AZE INVESTMENT HOLDINGS	505 E. JACKSON ST., STE. 302	
		TAMPA, FL 33602	≅ Remove
			Change
		.	Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change

None.		
		
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		<u> </u>
ffective date, if other than	the date of filing:	(optional)
lote: If the date inserted in th	s block does not meet the applicable statutory filing require Department of State's records.	rements, this date will not be listed as
e record specifies a dela The 90th day after the	yed effective date, but not an effective time, a record is filed.	at 12:01 a.m. on the earlier o
ated	2018	
	Signature of a melither or authorized representative of a me	
, (

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00