

L18000133022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

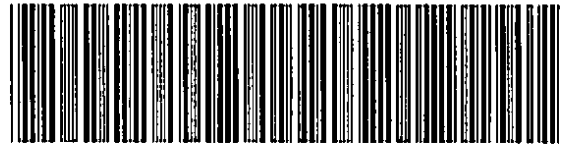
(Business Entity Name)

(Document Number)

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06/09/23--01005--016 **55.00

2023 JUN -9 AM 8:00
TALL, T. J. J.

7/27/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K-POI HOLDINGS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel A. Threlkeld, Esq.

Name of Person

Threlkeld Law, P.A.

Firm/Company

3003 Tamiami Tr. N., Ste. 400

Address

Naples, Florida 34103

City/State and Zip Code

Joel@napleslegal.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Threlkeld, Esq.

at (239) 234 - 5034

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

2023 JUN -9 AM 8:00

TAL ATE
FL

K-POI HOLDINGS 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 05/29/2018 and assigned
Florida document number L18000133022.

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:

4151 Gulf Shore Blvd. N. #604

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34103

Enter new mailing address, if applicable:

4151 Gulf Shore Blvd. N. #604

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34103

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:

THRELKELD LAW, P.A.

New Registered Office Address:

3003 Tamiami Tr. N., Ste. 400

Enter Florida street address

Naples

City

Florida 34103

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.

 President
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kaye, Stuart	163 Edgemere Way South	<input type="checkbox"/> Add
		Naples, FL 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Namtron Florida Mortgage, LLC	4151 Gulf Shore Blvd. N. #604	<input checked="" type="checkbox"/> Add
		Naples, FL 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This is a full-page view of a standard sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice. There are no margins, text, or other markings present on the document.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 25th 2023

Fixed

Signature of a member or authorized representative of a member

Stuart Koye, Manager

Typed or printed name of signer

Filing Fee: \$25.00