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(Re	questor's Name)	
(Add	dress)	·
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	···-
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COVER LETTER

TO: Registration S Division of Co			
	ice Apartments, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kyle Peters		
		Name of Person	
	KP Law. PLLC		
		Firm/Company	
	221 N. Hogan Street, #3	775	
		Address	
	Jacksonville, FL 32202		
		City/State and Zip Code	
	kpeters@kpeterslaw.com) to be used for future annual report notif	ication)
For further information	concerning this matter, please c	·	••••
Kyle Peters		904 476-4790 at ()	
Name	of Person	Area Code Daytimo	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, 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

Kings Place Apartments, 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 7/24/2018 and assigned Florida document number <u>L1800</u>0177345 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Cire 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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

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>	Address	Type of Action
ambr	Clifford Mulholland	4704 Neptune Ave, Apt A	■ Add
		Newport Beach, CA 92663	□ Remove
			□ Change
ambr	Venu Vinod Arety	3101 Lyme Ridge Dr	
		Leander, TX 78641	■ Remove
			Change
ambr	Jayadev Surapaneni	4181 Boneso Cir	
		San Jose, CA 95134	■ Remove
			☐ Change
		 	☐ Remove
			Change
<u> </u>			
			□ Remove
			Change
		_	□ Add
			Remove
			☐ Change

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re date, if other than t	ne date of filing: July 30 must be specific and cannot be prior to date of filing or mor	(optional)
f the date inserted in this	block does not meet the applicable statutory filing. Department of State's records.	requirements, this date will not be l
in scheenve date on the	repartment of State s records.	
90th day after the r		me, at 12:01 a.m. on the ear
luly 30	2018 Exidence of the second	
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Page 3 of 3

Filing Fee: \$25.00