

L18000188358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

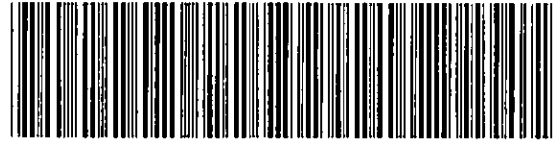
(Business Entity Name)

(Document Number)

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FILED
2024 OCT -1 AM 3:56
SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature/initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TKF INVESTMENTS 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:

Ileana Noa

Name of Person

Concorde Land Title Services, Inc.

Firm/Company

134 South Dixie Highway, Suite 218

Address

Hallandale Beach, FL 33009

City/State and Zip Code

inoa@concordelts.com

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

For further information concerning this matter, please call:

Ileana Noa

305

3568403

at ()

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**

TKF INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

2018 OCT -1 AM 3:56

The Articles of Organization for this Limited Liability Company were filed on 8/6/2018 and assigned
Florida document number L18000188358

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:

100 Bayview Drive, Unit #326

(Principal office address MUST BE A STREET ADDRESS)

Sunny Isles Beach, FL 33160

Enter new mailing address, if applicable:

100 Bayview Drive, Unit #326

(Mailing address MAY BE A POST OFFICE BOX)

Sunny Isles Beach, FL 33160

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:

MILTON A. DERIENZO

New Registered Office Address:

100 Bayview Drive, Unit #326

Enter Florida street address

Sunny Isles Beach

, Florida 33160

City

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.


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	Milton A. Derienzo	100 Bayview Drive, Unit #326	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carlos Pablo Klinsky Fernandez	14430 SW 166 Terrace	<input type="checkbox"/> Add
		Miami, FL 33177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated September 23 2024

Centurion

CARLOS PABLO KLINSKY FERNANDEZ

Typed or printed name of signee

Filing Fee: \$25.00