

L190000 24893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

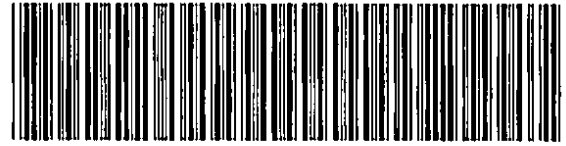
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1750 EDWIN, 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:

Adam O. Kirwan

\_\_\_\_\_  
Name of Person

KLF Management Services, LLC

\_\_\_\_\_  
Firm/Company

301 N. Ferncreek Ave., Suite C

\_\_\_\_\_  
Address

Orlando, FL 32803

\_\_\_\_\_  
City/State and Zip Code

monawgoodman@gmail.com

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

For further information concerning this matter, please call:

Adam O. Kirwan

407

210-6622

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/COURIER ADDRESS:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

1750 EDWIN, LLC

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

2019 MAY 24 PM 12:44

The Articles of Organization for this Limited Liability Company were filed on 01/23/2019 and assigned  
Florida document number L19000024893.

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)**

301 N. Ferncreek Avenue

Suite C

Orlando, FL 32803

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

301 N. Ferncreek Avenue

Suite C

Orlando, FL 32803

**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:

KLF Management Services, LLC

New Registered Office Address:

301 N. Ferncreek Avenue, Suite C

*Enter Florida street address*

Orlando

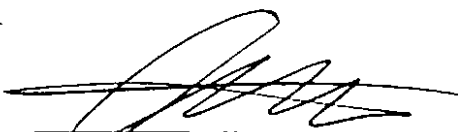
*City*

Florida 32803

*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

Adam O. Kiwan, Manager

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          | Almaf Management, LLC | 301 N. Ferncreek Avenue | <input checked="" type="checkbox"/> Add    |
|              |                       | Suite C                 | <input type="checkbox"/> Remove            |
|              |                       | Orlando, FL 32803       | <input type="checkbox"/> Change            |
| MGR          | Mona W. Goodman       | 7416 Cypress Grove Road | <input type="checkbox"/> Add               |
|              |                       | Orlando, FL 32819       | <input checked="" type="checkbox"/> Remove |
|              |                       |                         | <input type="checkbox"/> Change            |
|              |                       |                         | <input type="checkbox"/> Add               |
|              |                       |                         | <input type="checkbox"/> Remove            |
|              |                       |                         | <input type="checkbox"/> Change            |
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