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### **COVER LETTER**

Division of Corpora	ations		
SUBJECT: KK2	-TLC LLC		
	Name of Limite	ed Liability Company	
The enclosed Articles of Amo	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
	Robert P	Regnery Name of Person	
-		Name of Person	<del></del>
	KK2-T	Firm/Company	
•		Firm/Company	
	3372 Calle	Margarita	
		Address	
	Encinitas,	CA 92024 City/State and Zip Code	
_	rpr@rprfc	be used for future annual report notification)	
	E-mail address. (to	be used for future aimual report normeation)	
For further information conce	erning this matter, please call	1:	
Robert P. F	Regnery	at (619) 417. 77	85
Name of Per	rson	Area Code Daytime Teleph	none Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee □	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

**Registration Section** 

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**

(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 O1. 28. 19 \_\_\_\_ and assigned Florida document number \_\_\_\_1900028 206 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:

# 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>	Address	Type of Action
MGR	Truckee Land Co, LLC % Robert P. Regnery	3372 Calle Magarita	<b>X</b> Add
	% Robert P. Kegnery	3372 Calle Maganta Encinitas, CA 92024	Remove
			Change
AMBR	Truckec Land Co, LLC Yo Robert P. Regnay	3372 Calle Margarita	<b>y</b> Add
	40 Robert T. Regnay	3372 Calle Marganta Encinitas, CA 92024	Remove
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Filing Fee: \$25.00