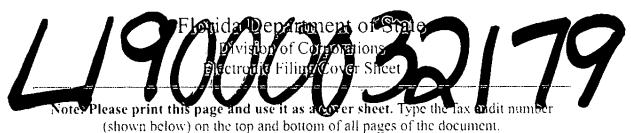
Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (323)372-3532 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K AVE PROPERTIES LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

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TO: Registration Se Division of Cor				
	ROPERTIES LLC			
SUBJECT:		ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	Mike Town			
		Name of Person		
	Legalzoom.com. Inc.			
Firm/Company				
	9900 Spectrum Dr			
Address				
	Austin, TX 78717			
	al.zz.anderson@gmail.com	City/State and Zip Code		
	*** *	be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please call	:		
Mike Town		800 773-0888		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	ie 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 Fallahassee, 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

K AVE PROPERTIES LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000032179</u> .	were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
K AVENUE LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1200 Riverplace Blvd., Ste. 105-1136		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32207		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1200 Riverplace Blvd., Ste. 105-1136 Jacksonville, FL 32207		
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the		
registered agent and/or the new registered office address her	<u>'e</u> :		
registered agent and/or the new registered office address her Name of New Registered Agent:			
registered agent and/or the new registered office address her	e: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Name of New Registered Agent:	#H 9: 04		

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

From: Rajiv Srivastava

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	AL ANDERSON		Add
			☐ Remove
		1200 Riverplace Blvd., Ste. 105-1136 Jacksonville, FL 32207	■ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change

	Page: 06 of 11	2024-12-03 11,27,41 PST	13236068205	From: Rajiv Srivas
D. If ame	nding any other informati	on, enter change(s) here: (Atta	ch additional sheets, if necessary.)	
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. Effecti	e date, if other than the d	ate of filing:	(optional)	
(H) an effe	ctive date is listed, the date must be fitted date inserted in this block	e specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuan tory filing requirements, this date will not	1 to 605.0207 (3)(b)
docume	nt's effective date on the Dep	artment of State's records.	tory tring requirements, this date will not	be listed as the
the reco	ord specifies a delayed e	effective date, but not an eff	ective time, at 12:01 a.m. on the	earlier of:
) The	Oth day after the recor	d is filed.	,	
	13/02/2021			
Dated _	12/02/2024	··		
	/S/ Al Anderson			
	,,	<u></u>		
	51	gnature of a member or authorized repr	escolative of a member	
	Al Anderson			
		Typed or printed name of	signee	<u> </u>

To:

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Filing Fee: \$25.00