

L19 0000 45972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

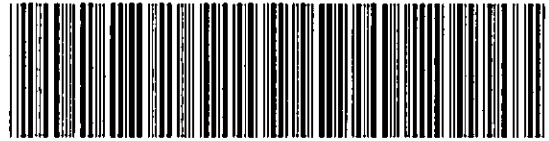
(Business Entity Name)

(Document Number)

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FILED

2019 DEC 18 PM 1:09

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Amend

JAN 17 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KPO McFall Avenue Rentals, 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:

Philip F. Bonus
Name of Person

Bonus Law Firm
Firm/Company

1115 E. Concord Street
Address

Orlando, Florida 32803
City/State and Zip Code

pfb@bonuslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip F. Bonus at (407) 835-8811
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

KPO MCFALL AVENUE RENTALS, LLC

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

FILED
2019 DEC 18 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 12, 2019 and assigned
Florida document number L19000045972.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

None.

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)

816 Point Pleasant Place

Altamonte Springs, Florida 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

816 Point Pleasant Place

Altamonte Springs, Florida 32701

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:

Paul David Owens, Jr.

New Registered Office Address:

816 Point Pleasant Place

Enter Florida street address

Altamonte Springs

City

Florida 32701

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>
Member Manager	Mary Owens	633 East Ridgewood Street	<input type="checkbox"/> Add
		Orlando, Florida 32803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member Manager	Paul David Owens, Jr.	816 Point Pleasant Place	<input checked="" type="checkbox"/> Add
		Altamonte Springs, Florida 32701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	None		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	None		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	None		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	None		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

None.

E. Effective date, if other than the date of filing: November, 2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 22, 2019



Signature of a member or authorized representative of a member

Paul David Owens, Jr.

Typed or printed name of signee