190000	17192
(Requestor's Name) (Address)	700333497407
(Address) (City/State/Zip/Phone #)	
(Business Entity Name)	08/29/1901014025 ++ 25 .00
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	5
Office Use Only	HAUNDANK
	SEP 117 2019

.,

TO: Registration Section Division of Corporations

· · ·

KOF - Avestments, LLC SUBJECT: ame 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:

Emmarel LAMIR.

COVER LETTER

Firm/Company

<u>Willw</u> Address

City/State and Zip

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

For further information concerning this matter, please call:

Empred LAmus at (56/) 906-18// Name of Person Area Code Davime Telephone Number

Enclosed is a check for the following amount:



□ \$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 radditional 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

TO ARTICLES OF OF OF	
K + E LAMUR IN (Name of the Limited Liability Company (A Florida Limited Lia	vestments LLC as it now appears on our records.) bility (company)
The Articles of Organization for this Limited Liability Company w Florida document number $_4/9000771.92$ This amendment is submitted to amend the following:	tere filed on $319/2019$ and assigned
A. If amending name, <u>enter the new name of the limited liability</u> <u>REYEL</u> <u>ESTATES</u> <u>L</u> The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	LAMUR Emproved @ Yithar. 6
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter the name of the n</u>

Mame of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	1 0	
New Registered Office Address:	Enter Florida s	low Lyp street address	WAY.
	LAKE WORTH	Florida	33467
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Emmanel Mary	4577 Willow Rue W	4y_ Add
		4577 Willow Rue W LAKE WORTH FL. 334	67 🗆 Remove
			Change
			Add
			🗆 Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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 <u>August</u> Signature of a member or authorized representative of a member-

Eminanel LAMUR. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00