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SECRETARY OF STATE

CITT IN SAW

COVER LETTER

TO: Registration S Division of Co			
OLON LAUZOR	KING PENLLY ADV.	ISERS LLC	
SUBJECT:	Name of Limi	ISERS LCC	
The enclosed Articles of	Amendment and fee(s) are sub-	nutted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	DENT	IS ESFOSTIO Name of Person	
		Name of Person REALTY ADU SERS UC	
		Firm/Company	
	1044	BROMEUA TER	
	510A	21 Ft: 33997	
	DENNISMESA	City/State and Zip Code	
	E-mail address: (t	OSTO O GAND. Com to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	H:	
DEMISE	5005110	at (305) 43347 Area Code Daytime	775m
Name o	d Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
	ING ADDRESS:	STREET/COURIE	
Divisi	ration Section on of Corporations 30x 6327	Registration Section Division of Corpora Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KANG REALTY	ADVISERS	Lec FILEU
(Name of the Limited	ADUISERS Liability Company as it now appears on Florida Limited Liability Company)	our records.) 2019 AUG -2 P 3 39
(<u>Name of the Limited</u> (A The Articles of Organization for this Limited Liab Florida document number <u>L / 9000 // 60/</u>	oility Company were filed on	TALLAHASSEE. FLORIDA
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
KING P	HALTY ADVISORS LLC	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	ation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	- 10	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	1,	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	reet address
	<u> </u>	Florida Zip Code
	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

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

Title	Name	Address	Type of Action
MGR	ESPUSITO, LAURIE	3782 NE 209 TERR	
		AVENTURA FLA 73180	Remove
			☐ Change
			O Add
			Change
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	STAM	Ft. 33997			
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Effective date, i	f other than the date of	f filing:		(optional) han 90 days after filing.) Pursu	
Note: If the date	is listed, the date must be speci- inserted in this block doe, trive date on the Departme	s not meet the applica	to date of filing or more (able statutory filing re	han 90 days after filing.) Pursu quirements, this date will n	ant to 605,9207 (3); of be listed as the
	cifies a delayed effect y after the record is		t an effective time	e, at 12:01 a.m. on th	ie earlier of:
Dated	8//	. 2019			
	Mart.			member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00