

L19 000 186804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

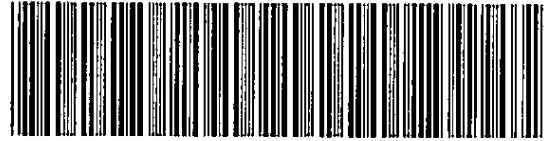
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/21--01017--019 **25.00

2021 OCT 14 PM 2:56

10/19/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT -4 PM 1:54

September 21, 2021

JOSEPH ANDREWS JR.
2387 PODOCARPUS WAY
CLEARWATER, FL 33759

SUBJECT: KK LA RUE PROPERTIES LLC
Ref. Number: L19000186804

We have received your document for KK LA RUE PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 721A00022744

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

K K LA RUE, LLC

(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 07/19/2019 and assigned
Florida document number L19000186804.

This amendment is submitted to amend the following:

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

JOSEPH ANDREWS JR, LLC

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:

2387 PODOCARPUS WAY

(Principal office address MUST BE A STREET ADDRESS)

CLEARWATER, FL 33759

Enter new mailing address, if applicable:

2387 PODOCARPUS WAY

(Mailing address MAY BE A POST OFFICE BOX)

CLEARWATER, FL 33759

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:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00