

12/13/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

LH190003602953

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000360295 3)))



H130003602953ABC2

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 : FASTKIT CORP
 Account Number : I281800000009
 Phone : (305)599-0839
 Fax Number : (305)592-9591

2019 DEC 13 PM 4:51

****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
 KD PREMIER REALTY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

2019 DEC 13 PM 3:35

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

DEC 13 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KD PREMIER REALTY 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 12/9/19 and assigned
Florida document number L19000290540

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2019 DEC 13 P 3
TALLAHASSEE FLORIDA

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>
MGRM	CHRISTOPHER RYAN DAY PA	32507 HAWKS LAKE LN	<input type="checkbox"/> Add
		SORRENTO, FL 32776	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	CHRISTOPHER RYAN DAY	32507 HAWKS LAKE LN	<input checked="" type="checkbox"/> Add
		SORRENTO, FL 32776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JASON KRANZ PA	32507 HAWKS LAKE LN	<input type="checkbox"/> Add
		SORRENTO, FL 32776	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JASON KRANZ	32507 HAWKS LAKE LN	<input checked="" type="checkbox"/> Add
		SORRENTO, FL 32776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

