## LZO 000034113

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: K4 RIO PROPERT	TES, LLC	
Name of Limited	1 Liability Company	
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this matter to	the following:	
	Lozsan, Jan Name of Person	
Wright, Ponso	Firm/Company	Trial Attorneys, LLP Blud.; Suite 100
STURRY FL	. 34996	
E-mail address: (to b	. 34996 City/State and Zip Code Optople Lattorne Declared for future annual report notific	275. Com
For further information concerning this matter, please call:		
Louis F. Lozeau Jr. Name of Person	at (172) 286 - Daytime	5566 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{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)
Mailing Address: Registration Section	Street Address: Registration Sect	ion
Division of Corporations	Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

28/2026 The Articles of Organization for this Limited Liability Company were filed on Florida document number L 20000 0 34113 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability spany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 = M $AMBR = A$	anager uthorized Member	t on the set the set	
<u>Title</u>	<u>Name</u>	2021 FEB - Z AM 6: 11	Type of Action
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