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T. MATTHEWS

## **COVER LETTER**

TO;

TO: Registration So Division of Cor			
Kite Capita	il Partners, LLC		
SUBJECT: 4	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
	ondence concerning this matter	-	
	Kelly P Kite, Jr.		
		Name of Person	
	Kite Capital Partners		
		Firm/Company	
	2055 US Highway 1		
		Address	
	Vero Beach, FL 32960		
	jana@kcp.us	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Kelly P Kite, Jr.		772 237-3444	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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)
Mailing Addres	<del></del>	Street Address:	ortion
Registration Section Division of Corporations		Registration Section Division of Corporations	
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		Division of Col The Centre of T	rporations

Tallahassee, FL 32303

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

Kite Capital Partners, 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  $\frac{02/17/2020}{1}$ \_\_\_\_\_ and assigned Florida document number \_\_L20000053844 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 "LLC." 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) 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 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.

Cirv

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>	Type of Action
Mgr	Kelly P Kite, Jr., LLC	2055 US Highway I	■Add
		Vero Beach, FL 32960	_
			□ Change
Mgr	Joseph P. Schlitt, LLC	866 41sı Ct	■Add
		Vero Beach, FL 32960	□Remove
			☐ Change
Mgr Kite P Kite, Jr.	Kite P Kite, Jr.	2055 US Highway 1	□Add
		Vero Beach, FL 32960	
			□Change
Mgr	Joseph P. Schlitt	2055 US Highway I	□Add
		Vero Beach, FL 32960	■Remove
			□ Change
			□Add
			□Remove
			Change
		_	🗆 Add
			□Remove
			□Change

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