

L20000069471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

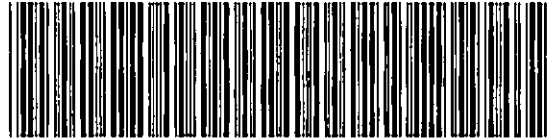
(Business Entity Name)

(Document Number)

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09/16/23--01030--023 **25.00

22 SEP 16 AM 10:00
DIVISION OF CORPORATION

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **KAM FL 6 LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRACEY C HIGGINBOTHAM

Name of Person

HIGGINBOTHAM COMPANIES INC

Firm/Company

3790 N US 1

Address

COCOA, FL 32926

City/State and Zip Code

TCHIGGINBOTHAM@HIGCOINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEY C HIGGINBOTHAM

321 632-5726
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 SEP 16 AM 10:00

RECEIVED
DIVISION OF CORPORATIONS

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

KAM FL 6 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 03/02/2020 and assigned
Florida document number L20000069471.

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)

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:

TIMOTHY COLE

New Registered Office Address:

2800 N MILITARY TRAIL UNIT 116

Enter Florida street address

WEST PALM BEACH

Florida 33409

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>
MGR	BHUPENDRABHAI B PATEL	2800 N MILITARY TRAIL	<input type="checkbox"/> Add
		UNIT 116	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change
AMBR	BHUPENDRABHAI B PATEL	2800 N MILITARY TRAIL	<input type="checkbox"/> Add
		UNIT 116	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change
MGR	TIMOTHY COLE	2800 N MILITARY TRAIL	<input checked="" type="checkbox"/> Add
		UNIT 116	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change
AMBR	TIMOTHY COLE	2800 N MILITARY TRAIL	<input checked="" type="checkbox"/> Add
		UNIT 116	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	<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

SEP 6 4:00:00 PM
MISSION CONTROL CENTER
STATION 1000

22 SEP 16 AM 10:00

22 SEP 16 AM 10:00

(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.

Dated 9/12 2022

Timothy Cole
Signature of a member or authorized representative of a member

TIMOTHY COLE

Typed or printed name of signee

Filing Fee: \$25.00