LZ0000181585

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



000364357820

04/26/21--01025--025 **55.00



COVER LETTER

Division of Corp		
SUBJECT:	487 Px.08	EFTIES LLC ited Liability Company
	Name of Lim	ited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please return all correspon	idence concerning this matter	to the following:
	BRIAN	Name of Person
		Name of Person
		Firm/Company
		EMPEL AVE
		,
	WINDER	neze, FL. 34786 City/State and Zip Code BF @ SMAIL. COM
		City/State and Zip Code
	LEOMANE	3FQ SMAIL. COM
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please ca	all:
BRITAN	Ytowian	at (407) 274-8374 Area Code Daytime Telephone Number
Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
		759 .1
Mailing Address		
Registration So		Projected in Section
Division of Co	orporations	Division of Corporations
P.O. Box 6327 Tallahassee, F.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, r	H 676 T	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KBY PROPERTIES 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 $\frac{6/29}{2020}$ and assigning document number $\frac{L20000181585}{}$	gned
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.I	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, <u>enter the name of the new</u> agent and/or the new registered office address here:	registere
Name of New Registered Agent:	*****
New Registered Office Address:	en.
Enter Florida street address	(;)
Florida City Zip Code	· ·
City Zip Code New Registered Agent's Signature, if changing Registered Agent:	· •
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume in the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume in the finited Hability of the company has been notified in writing of this change.	n and nent is

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		an-110-110-110-110-110-110-110-110-110-11	□Remove
			⊡Change
	-1444		□Add
			□ Remove
			□ Change
			□Remove
			□Change
		,	Add Remove-
			آ : اَ Change ِ ِ ِ ِ ِ
		, <u></u>	
			□Remove
			□Change

<u> </u>	<u>- 44 J</u>	H REAL MAN				
_CH	MNJE	MREAL	_ EST	ATE	To	
~ Pr	oleaty	man	45EME	NT 11		
1						
**						
-						.
					·	
						
		· · · · · · · · · · · · · · · · · · ·				
		 				
			•			
ective date, i	f other than the d	late of filing:			(ontional)	
reffective date is	listed, the date must linearted in this block	late of filing: be specific and cannot lick does not meet the partment of State's re	be prior to date of fi	ling or more than 90 da	ays after filing.) Pe	irsuant to 605.020
cument's effect	ive date on the Der	partment of State's re	ecords.	ny ming requireme	ins, this gate wit	Thor be listed at
						<u> </u>
	a delayed effective	date, but not an effe	etive time, at 12:0)1 a.m. on the earlie	er of: (b) The 9	0th day after the
s filed.						° ≥
. 1 .	1	_	. ¬ 1			7 :
ed	$\frac{\nu_{2}}{2}$	·	<u>7</u> .			ر. بيا
	14	, n	Lum	_		70
		ionature of a member	r authorized repre-	sentative of a member		
	.,	ignature on a member.	,			

Filing Fee: \$25.00