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(Re	questor's Name)	
(Ad	idress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

TO:	Registration Se Division of Cor		3		
041454	*1.77**		& FLIP LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		75.
		KIMI	BERLY BLAND		
			Name of Person		· -
					TQ.
			Firm/Company		2 00
		1324 N	E 26th AVENUE		25
			Address		
		FORT LA	AUDERDALE, FL 33304		
			City/State and Zip Code		
			LYBLAND123@GAIL.COM to be used for future annual report no	tification)	
For fu	rther information c	oncerning this matter, please c	all:		
	KIMBERLY E	BLAND	954 588-207 at ()		
	Name o	f Person	Area Code Daytin	me Telephone Number	
Enclos	sed is a check for th	ne following amount:			
≡ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Mailing Addres		Street Address:		
	Registration SDivision of C		Registration Se Division of Co		
	P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KTB FL	X & FLIP LLC	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 7/27/2020	and assigned
lorida document number L20000222223		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ted liability company here:	
KIMBERLY BLAND LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	υ
		:) :)
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 th	e name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
Hew registered Office Address.	Enter Florida street address	
	E1.5 wi	da
	City , FIOTI	ua 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 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
			DChange
			□Add
			Change
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			☐ Change
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Effective date, if other fan effective date is listed, the Note: If the date inserted document's effective date	e date must be specifi in this block does	ic and cannot be prior not meet the applica			filing.) Pursuant to 605.02
e record specifies a delayerd is filed.	d effective date, bu	t not an effective ti	me, at 12:01 a.m. e	on the earlier of: () The 90th day after th
DatedAUGUST 6		2020			
Kimi	Verly Ba	land	_		
Zimi	Jerly Bu Signature	and of a member or author	rized representative	of a member	
1	v				

Typed or printed name of signee