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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	AN PROPERTY MANAGEME	ENT LLC	•
SUBJECT:	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KESIAN N BRYAN		
		Name of Person	
	K & BRYAN PROPERTY	MANAGEMENT LLC	
		Firm/Company	
	120 COLLY WAY		
		Address	.
	NORTH LAUDERDALE	FL 33068	
		City/State and Zip Code	
	KESIANJ@GMAIL.COM		
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please concerning	all:	
KESIAN N BRYAN		954 520-5928 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K PROPERTY MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000228379}{L20000228379}$.	were filed on JULY 30, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
K PROPERTY MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "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 a <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		Sr. 20
New Registered Office Address.	Enter Florida street address	
	Florida.	. K
	City 7 11.	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre	A S	AH C
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as position filled to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a m fa rovided for in Chapter 605, F.S. Or, i	uniliar with and If this document 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
			□Remove
			
 -			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			
			Remove
			□Change
			□Add
			□Remove
			□Change

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Note: 1	e date, if other than the date of filing:
cord is file	
Dated _	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member

Typed or printed name of signee