

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000038283 3)))



H210000392833ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

Phone

: (813)435-3176

Fax Number

: (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

(N) (x ccen m

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KANNEGA GLADES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

SALV

13:29

DocuSign Envelope ID. DFD93710-A750-4328-B22A-DC416D5F819F

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2021 JAN 28 PM 3: 05
IATTANASSER/(TORIO)

| | | | 11 - MAD) |
|---|--|---|--|
| KANNEGA GLADES, LLC | | | · · · · · · · · · · · · · · · · · · · |
| (Name of the Limit | ed Liability Compa (A Florida Limited L | ny as it now appears on op lability Company) | r records.) |
| | | A4/42/400 | 20 |
| The Articles of Organization for this Limited L | iability Company | were filed on 08/03/20. | and assigned |
| lorida document number L20000232256 | | | |
| | | | |
| his amendment is submitted to amend the foll | owing: | | |
| . If amending name, enter the new name o | f the limited liabl | lity company here: | |
| | | | |
| he new name must be distinguishable and contain the | vords "Limited Liabil | ity Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| | | 123 OCEAN AVE. | |
| nter new principal offices address, if applications | | | |
| <u>Principal office address MUST BE A STREI</u> | ET ADDRESS) | PALM BEACH SHO | RFS 33404 |
| | | TAEM BEACH SHO | 100 33 70 1 |
| | | ADAA GODAL BIDGE | SOUND |
| Enter new mailing address, if applicable: | | 3930 CORAL RIDGE | . DRIVE |
| Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | CORAL SPRINGS FI | L 33065 |
| | | | |
| B. If amending the registered agent and/or | registered office | address on our record | s, enter the name of the new register |
| gent and/or the new registered office addre | ess here: | | |
| | | A AMAREION II O | |
| Name of New Registered Agent: | KIRSCHBAUM LAW OFFICE, LLC | | |
| New Basistered Office Address | 2240 PALM BEACH LAKES BLVD. SUITE 250 | | SUITE 250 |
| New Registered Office Address: | | Enter Florida str | eet address |
| | WEST PLAM | BEACH | , Florida <u>33409</u> |
| | | Citv | 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.

Warren kirschaum

If Changing Registered Agent, Signature of New Registered Agent

Docusion Envelope ID. DFD93710-A760-4323-B22A-DC416DBF819F amenuing Authorized resson(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 |
|--------------|--------------|------------------------|----------------|
| AMBR | DEEPAK KHOSA | 3930 CORAL RIDGE DRIVE | ■Add |
| | | | TRemove |
| | | CORAL SPRINGS FL 33065 | Change |
| | | | []Add |
| | | | Remove |
| | | | Change 7 |
| | | | |
| | | | ⊡Change |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | Change |

DocuSign Envelope ID: DFD93710-A750-4328-B22A-DC416D6F819F

| | | ~ |
|---------------------------------------|--|---|
| | | |
| | | |
| | | # 12 P |
| | | |
| | | |
| | | <u></u> 등 |
| | | <u>. </u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | A #11 | (optional) |
| ffective date, if other th | an the date of filing: date must be specific and cannot be prior to date | 651 then 90 days after filing) Pursuant to 605 0207 |
| łote∗. If the date inserted in | this block does not meet the applicable st n the Department of State's records. | tatutory filing requirements, this date will not be listed as |
| bountent yendent also | | |
| record specifies a delayed dis filed. | effective date, but not an effective time, at | 112:01 a.m. on the earlier of: (b) The 90th day after the |
| DatedDecusioned by: | 2021 | |
| Docusigned by: | | |
| De carte bile | Signature of a member or authorized | |