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SHRIECT		VE INVESTMENTS, LLC				
SUBJECT.		Name of Lin	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Jason Lazar				
			Name of Person			
		Investments Limited				
			Firm/Company			
	215 N Federal Highway					
			Address	····		
Boca Raton, FL 33432						
			City/State and Zip Code			
		jlazar@investmentslimited.				
For further in	formation c	n-man address; (to be used for future annual report no all:	orneation)		
Jason Lazar			561 392-8920			
	Name o	f Person	at () Area Code — Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)		
	ling Addres		Street Address:			
_	istration S		Registration S			
	. Box 632	orporations 7	Division of Co The Centre of	•		
	lahassee, I			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINE DRIVE INVESTMENTS, 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 $\frac{9/8/2020}{2}$ ____ and assigned Florida document number 1,20000278223 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Killian Drive Investments LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address

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:

or remove	eu it oin our records.
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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f an effective date is	other than the listed, the date mus inserted in this blo	he specific ar	nd cannot be I	rior to date of I	iling or more tha	n 90 days after	iling.) Pursuant (o 605.0201
locument's effect	ive date on the De	epartment of	State's reco	rds.	iory maig requ	mements, this	date will not b	e fisied as
record specifies	a delayed effective	date, but no	ot an effectiv	e time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day	after the
rd is filed.								
			2024					
Dated		1	2024					

Filing Fee: \$25.00

Typed or printed name of signee