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COVER LETTER

SUBJECT:		YOPEYTIES LL	<u>C</u>
	Nunc of the	ompany	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Leonervd	Frederick Name of Person	
		Name of Person	
		Firm/Company	
	1417 11 0	1051 0510	
	1413 N Scac	Address	
		J. 2713	? <i>C</i>
	130ynton Br	City/State and Zip Code	2.7
		meveno egrnail. C	
	E-mail address: (to be used for future amual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Leunard E	eder.ct	. Fid. 720-	53U3
Leonard Fr	l'Person	at (561) 720 - Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	•		
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	tion
registration a	Section	Registration Sec	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3KL 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	8
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 a	bbreviation "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 address on our records, enter the nan agent and/or the new registered office address here:	ne of the new registe
	(C3)
Name of New Registered Agent:	1 3
New Registered Office Address:	1 2
Enter Florida street address	-
Florida	Zip Code
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ċ.
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the lit	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 adder removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>AMB</u> R	Charles Frederick	1413 N Scacrest BIVI) Boynton Beach, FL 33435	Add
			□Remove
			□Change
	···		□Add
			□ Remove
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			🗆 Add
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			Remove
			□Change

пи	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(II an e	tive date, if other than the date of filing: 08 23 209 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	
.,	Signature of a member or authorized representative of a member Leonard Freder, CR Typed or printed name of signature
	Signature of a member or authorized representative of a member
	organizate of a memoer of authorized representative of a memoer
	Leanand France 18