L20000362079

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2020 DEC 29 PM 2: 18
SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section
Division of Corporations

KB1L2 LD SUBJECT:	C					
30bst.c1.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	endence concerning this matter	to the following:				
	Peter Flotz					
	Name of Person					
	Lansing Melbourne Group					
		Firm/Company				
	2765 NE 14th St. Unit 31					
Address						
	Fort Lauderdale, FL 33304	l				
		City/State and Zip Code				
	pflotz@lmgroup.us					
	E-mail address: (to be used for future annual report not	ification)			
For further information c	oncerning this matter, please ca	all:				
peter flotz		321 302-2930 at ()				
Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KB11.2 LLC

2020 DEC 29 PM 2: 18

(Name of the Limited Liabily	 		
(A Florida	bility Company as it now appears on our records YART UP STATE rida Limited Liability Company) IALL AHASSET, FI		
he Articles of Organization for this Limited Liability Clorida document number <u>L20000362079</u>	Company were filed on 11/16/	2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here	:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		<u> </u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Muning undress WAT BE A FOST OF FICE BOAT			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our reco	rds, enter the na	ne of the new register
New Registered Office Address:	Enter Florida	street address	
		street address , Florida	
	City		Zip Code

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
MGR	Peter Flotz	2765 NE 14th St Unit 31	□Add
		Fort Lauderdale, FL 33304	□Remove
			■ Change
MGR	Kent Gregory	3 East Gordon St	
		Savannah, GA 31401	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
		-	□Remove
			□Change
			□Add
			Remove
		 	□Сhange
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Filing Fee: \$25.00

Signature of a monther or authorized representative of a member