## 420000370871

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	nent Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



600357058666

12/30/20--01015--002 ++25.00

FILED 2020 DEC 30 PH 3: 24

2/5/21

## **COVER LETTER**

Registration Section Division of Corporations

TO:

KX5 HOLI SUBJECT:	DINGS, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERT LECHTER		
		Name of Person	
	<del></del>	Firm/Company	
	2980 NE 207 STREET, SU	JITE 706	
		Address	
	AVENTURA, FL 33180		
	jf@remsgroupinc.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information o	oncerning this matter, please c	all:	
ROBERT LECHTER		954 455-3660 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing 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 (additional copy is enclosed
Mailing Address Registration	Section	Street Address: Registration Sc	ection
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee, 1			pe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KX5 HOLDINGS, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000370871</u> .	y were filed on 11/24/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		020	
		DE(	
		30	
Enter new mailing address, if applicable:		- P	
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
Muning dadress MAT BL AT OST OFFICE DOAY	. 2		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist	
Name of New Registered Agent:		<del>-</del>	
New Registered Office Address:		<del></del>	
	Enter Florida street address		
	, Flor		
	City	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.

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	KHABIE, ROGER K	2980 NE 207 STREET, SUITE 706	
		AVENTURA, FL 33180	□Remove
			\BChange
VPAP KHAFIF, MOSIES D	2980 NE 207 STREET, SUITE 706		
		AVENTURA, FL 33180	
			Remove 2020 DEC 30
S.AP	KHAFIF, CHARLES J	2980 NE 207 STREET, SUITE 706	
		AVENTURA FL 33180	∴ ⇔ P ⊞Remove
		<del></del>	□Change
T,AP	KHAFIF, JOEL D	2980 NE 207 STREET, SUITE 706	□Add
		AVENTURA, FL 33180	<b>■</b> Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
		<del></del>	□Remove
			□ Change

	<u> </u>				<del></del>	
		<del> </del>		·		<del>_</del>
	<del></del>					
					<del></del>	
			_			
<del></del> -	<u> </u>	<u> </u>	<u>.</u>		<u> </u>	
		<del>.</del>				
				_	<u> </u>	DOZO DEC
			<del></del>		• •	
						<del>3</del>
			<u>.</u>		· ·	
	<del></del> .			<u> </u>		<u>ઃ</u> 
· -				·····		
ective date, if oth	er than the date o	f filing:		(o	ptional)	
effective date is listed te: If the date inser	l, the date must be spec ted in this block doe	ific and cannot be s not meet the ap	prior to date of filing opticable statutory	g or more than 90 days a filing requirements,	ifter filing.) Pursua this date will no	ant to 605.020 ot be listed a
cument's effective d	ate on the Departme	ent of State's rece	ords.			
eard annifican dal	oved offective date. I	but not an offect	ve time at 12:01	a.m. on the earlier of	· (b) The Ofth	day after the
s filed.	ayed effective date, i	out not an effect	ve time, at 12.01	a.m. on the carner of	. (6)	day arter in
December 29_		2020				
ted	<del>/</del>	, \[ \frac{2020}{}	·			
' '/		1				

Typed or printed name of signee