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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJEČT:	ALC ON CONTO		
The enclosed Articles of Ame	ndment and fee(s) are submitted fo	r tiling.	
Please return all corresponder	see concerning this matter to the fol	lowing:	
-		CVLCIVITO me of Person OVLCIVITO LCC mvCompany	
-	1100 BRICKE	11 Day Of Su Address	ite III
-	Meany City Sta KS JONICE E-mail address: (to be used	33131 are and Zip Code 1 1 (C)	<u>, </u>
For further information conce	rning this matter, please call:		
Name of Per	on at	Area Code Daytime Telepho	ne Number
Enclosed is a check for the fo	lowing amount:		
SS \$25.00 Filing Fee □	Certificate of Status Co	5.00 Filing Fee & crtified Copy Iditional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

ARTICLES OF ORGANIZATION FIL	FO
OF	
2025 MAR - 4	AH 10: 57
Karol lomanto LC.	<u> </u>
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Fibrida Elitated Elabitity Company)	

The Articles of Organization for this Limited Liability Company were filed on <u>02 02</u> 2071 and assigned Florida document number L21000057828 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KSL Pealtors LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1100 BRICKELL BLY OR, Some III 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 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Remove
			□Add
			□Remove
		☐ Change	

			□Remove
			Change
		□ Remove	
		□Change	
	1111		□Add
			Remove
			□Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
(If an e Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	1 03.04 2015
	A Company of the Comp
	Signature of a member or authorized representative of a member
	Karal lumantu
	Typed or printed name of signee

Filing Fee: \$25.00