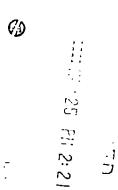
L21000073199

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-JP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



000362350000



1 BULKEF. Mar 2 6 2021

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 03-24-21

NAME: K&D 436 AL INVESTMENT, LLC

TYPE OF FILING: ARTICLES OF AMENDMENT-LLC

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&D 436 AL INVESTMENT, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
the Articles of Organization for this Limited Liability Company lorida document number <u>L21000073199</u>	were filed on 02/11/2021 and assigned			
This amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Inter new principal offices address, if applicable:	5271 W. LEITNER DR.			
Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS, FL 33067			
nter new mailing address, if applicable:	5271 W. LEITNER DR.			
Mailing address MAY BE A POST OFFICE BOX)	CORAL SPRINGS, FL 33067			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

							<u>. </u>
				-			
							
_							
						<u>-</u> .	<u></u>
					<u>-</u>		
_					_		_
_							
					· -		
				 -		<u> </u>	
							
_		.					
						<u> </u>	
_	<u> </u>						
_							
Note: I	f the date inserted	than the date on the date must be specified in this block does on the Department.	s not meet the	applicable sta	of filing or more the	(option an 90 days after fil uirements, this d	al) ing.) Pursuant to 605.0: ate will not be listed
e record rd is file		ed effective date,	but not an effe	ctive time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day after t
Dated _	MARCH 22	<u> </u>	, 2021				
		7/	M				
	 	Signatu	real a member	or authorized re	presentative of a	member	

Filing Fee: \$25.00