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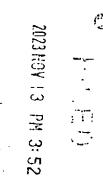
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COVER LETTER

	istration Se ision of Corp		٠.	•
SUBJECT:	65 Marlberr	y Trace, LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please-return	all correspon	ndence concerning this matter	to the following:	
		Stephanic Baine		
			Name of Person	
		Lot 65 Marlberry Trace LL	.C	
			Firm/Company	
		5753 Highway 85 N. Suite	7461	
			Address	
		Crestview, FL 32536		
		stephanie@kbgrealtyinvestr	City/State and Zip Code	
			to be used for future annual report no	otification)
For further in	formation co	oncerning this matter, please ca	alt:	
Stephanic Baine		205 641.9417 at ()		
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 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

65 Marlberry Trace LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears of Liability Company)	n our records.)	-
The Articles of Organization for this Limited L Florida document number L21000081902	Liability Company	were filed on Februa	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desig	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)				- =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	N/A		023NOV 13 PI
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	ords, <u>enter the name o</u>	ப் பா Sof the new registe
Name of New Registered Agent:	Joe Harker			
New Registered Office Address:	5753 Highway	85 N. Suite 7461		
		Enter Florida	street address	
	Crestview		, Florida ³²⁵³⁶	;
	-	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 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>	<u>Address</u>	Type of Action
MGR	KBG Holdings, LLC	5753 Highway 85 N	□Add
		Suite 7461	■Remove
		Crestview, FL 32536	□Change
MGR	Joe Harker	5753 Highway 85 N	\=Add
		Suite 7461	□Remove
		Crestview, FL 32536	□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			Change
			
		 	□Remove
			□Change
			□Add
			□Remove
			□Change

						
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				<u> </u>		
						
ffective date, if other than the data effective date is listed, the date must late: If the date inserted in this blococument's effective date on the Department.	be specific and cannot be ck does not meet the	applicable sta			g.) Pursuant to 605	
record specifies a delayed effective is filed.	date, but not an effec	ctive time, at	2:01 a.m. on the e	arlier of: (b) T	The 90th day after	r the
November 3	2023					
Dated	, <u> </u>					
Dated November 3	Signature of a member of		nresentative of a one	uher		

· . .

Filing Fee: \$25.00