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SECREPARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divisio	on of Cor	porations		
	D LAND	INVESTMENTS LLC		
SUBJECT:		Name of Limi	ited Liability Company	-
The enclosed A	rticles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		KELLY D NEGRON		
		·	Name of Person	-
		KD LAND INVESTMENT	TS LLC	
			Firm/Company	_
		DELANA WAY		
			Address	_
		FT MYERS, FL 33905		
			City/State and Zip Code	_
		KDLANDINVESTMENTS	_	_
			to be used for future annual report notification)	
For further info	rmation c	oncerning this matter, please ea	all:	
MADAY GAR	CIA		786 307-5694 at ()	
	Name of	f Person	at () Area Code Daytime Telephone Numb	ner
Enclosed is a ch	neck for th	ne following amount:		
■ \$25.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, leate of Status & ed Copy mat copy is enclosed)
	g Addres		Street Address:	
	tration S ion of C	orporations	Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KD LAND INVESTMENTS LLC		
(Name of the Limited Liabili (A Florid:	ty Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/01/2021	and assigned
Florida document number L21000099734	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		AC 2
(Principal office address MUST BE A STREET ADDI	RESS)	2
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter t	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	-
	. Flo	rida
	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>	Name	Address	Type of Action
MGR	GERSON HERNANDEZ LANDF ORD	1918 SW 26TH STREET	≅Add
		CAPE CORAL, FL 33914	□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			[]Change
			C)Add
			☐Remove
			Cl Change
			□ Add
			∐Remove
			∐Add
			Remove
			ПС

KELLY D NEGRON WILL	CONTINUE AT 50% OWNERSHIP	
		
		
		<u>. </u>
		
		
		
·		
		<u></u>
fective date, if other than th	date of filing:	
in effective date is listed, the date mi ote: If the date inserted in this b	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Proock does not meet the applicable statutory filing requirements, this date will	irsuant to 605.0207 (Il not be listed as t
ocument's effective date on the l		
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	Oth day after the
is filed.	e date, but not an effective time, at (2.01 a.m. on the earner of (6)	our day arter the
na vie	2021	
JULY 15	2021	
JULY 15		
ated	K. ~	