L21000180821

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COVER LETTER

TO: Registration Section

Division of Co	orporations		
	EALTY & REMODELING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	TAD THOMAS		
		Name of Person	
	KKST REALTY & REMO	DDELING LLC	
		Firm/Company	
	1299 SW IBIS STREET		
		Address	
	PALM CITY/ FLORIDA :	34990	
		City/State and Zip Code	
	TTHOMASCARPENTRY(@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
TAD THOMAS		561 541-0301	
Name	of Person	Area Code Daytime Telephone Nu	
Enclosed is a check for	the following amount:		7921
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Addre		Street Address:	
Registration	Corporations	Registration Section Division of Corporations	
P.O. Box 63		The Centre of Tallahassee	
Tallahassee,		2415 N. Monroe Street, Sui	ite 810
		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now as	opears on our records.)
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	iny)
the Articles of Organization for this Limited Liability Company were filed or	APRIL 19, 2021 and assigned
lorida document number L21000180821	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compan	v here:
he new name must be distinguishable and contain the words "Limited Liability 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)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	\odot
	THE TANK
3. If amending the registered agent and/or registered office address on o	± 100
gent and/or the new registered office address here:	
Name of New Registered Agent:	··
New Registered Office Address:	£
	- Florida street address
	. Florida
City	Zin 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
AMBR	TAD THOMAS	1299 SW IBIS STREET, PALM CITY, FLORIDA	\ 349 90 ≣ Add
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			□Change

			
			
			
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	APRIL 15, 2021		
ctive date, if other than the d	late of filing:	filing or more than 90 days after fi	ial) linger-Pursuant to 605.03
e: If the date inserted in this block	ck does not meet the applicable state	itory filing requirements, this c	late will not be listed
ument's effective date on the Dep	partment of State's records.		
ord enecities a delayed effective	date, but not an effective time, at 12	:01 a m. on the earlier of: (b)	The 90th day after th
filed.	date, but not an effective time, at 12	a.m. on the current on (b)	The your day area a
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