## 121000310954

(Requestor's Name)
(Address)
(Address)
( (daissa,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashisas Chary Hame)
(Document Number)
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## **COVER LETTER**

Division of Cor				
PNK 786 L			* · · ·	
SUBJECT:		ited Liability Company	<del>.</del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	Karishma Abdul			
		Name of Person		
		Firm/Company		<b>.</b>
	12028 Tuscany Bay Dr. Ap	pt 104		22 AU
		Address		<u>ယ</u> (
	Tampa, FL 33626			- P
	kabdul813@gmail.com	City/State and Zip Code		22 AUG 31 PH 1: 58
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	otification)	
Karishma Abdul		813 598-4156		
Name c	of Person	at () Area Code Dayi	ime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	□ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration Division of C	Section	Street Address: Registration S Division of C		
P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PNK 786 LLC			
( <u>Name of the Limi</u>	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	<del></del>
ne Articles of Organization for this Limited L prida document number 1.21000310954	iability Company were fil	led on July 7, 2021	and assigned
is amendment is submitted to amend the foll	owing:		
If amending name, enter the new name of	f the limited liability con	npany here:	
KS CAPITAL LLC			
new name must be distinguishable and contain the	words "Limited Liability Comp	oany," the designation "LLC" or the abb	reviation "L.L.C."
ter new principal offices address, if applic	rahle:		
incipal office address MUST BE A <u>STREI</u>			
netput office address most be A STREE			22
			A G
			မေ မေ ့်
ter new mailing address, if applicable:	<u></u>		
<u>ailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	<del></del>	<u>₽</u> 89.9:
		<u>.                                    </u>	<u> </u>
			<b>∞</b> ≅
If amending the registered agent and/or		on our records, enter the name	of the new regist
ent and/or the new registered office addre	ss nere:		
Name of New Registered Agent:	Karishma Abdul		
New Registered Office Address:	12028 Tuscany Bay Dr.	Apt 104	
New Registered Office Address.		Enter Florida street address	
	Tampa	, Florida <sup>336</sup>	26
	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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			22 AUG 31 PH 1:58
			Remove
			<b>5</b> ⊊∷ □Change
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effective date is listed, the date mu	date of filing:  It be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing repartment of State's records.	than 90 days after filing.) Pursuant to 605.0
cord specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after
ed April 21	. 2022	
_ Karistima	Akzul Signature of a member or authorized representative of	a member