

8/16/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000307673 3)))



H210003076733ABC\$

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KDB HOMES LLC

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Corporate Filing Menu

Help

BB  
8/17/21

AUG. 16. 2021 1:18PM

NO. 5012 P. 2

**COVER LETTER**

H210003076733

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KDB Homes LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Mitchell B. Kirschner, Esq.

\_\_\_\_\_  
Name of Person

GrayRobinson, P.A.

\_\_\_\_\_  
Firm/Company

225 NE Mizner Blvd., Suite 500

\_\_\_\_\_  
Address

Boca Raton, FL 33432

\_\_\_\_\_  
City/State and Zip Code

mitch.kirschner@gray-robinson.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell B. Kirschner, Esq.

561 368-3808

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 AUG 16 PM 4:48

FILED

H210003076733

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H210003076733

KDB Homes LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 30, 2021 and assigned  
Florida document number L21000345769.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The 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:

355 Coates Drive

(Principal office address MUST BE A STREET ADDRESS)

Aptos, CA 95003

Enter new mailing address, if applicable:

355 Coates Drive

(Mailing address MAY BE A POST OFFICE BOX)

Aptos, CA 95003

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

AUG. 16. 2021 1:18PM

NO. 5012 P. 4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H210003076733

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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\_\_\_\_\_ ☐ Add

[Remove](#)

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[Remove](#)

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☐ Remove

☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 AUG 16 PM 4:48  
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TALLAHASSEE, FLORIDA

100

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 16 2021

Signature of a member of authorized representative of a member

Mitchell B. Kirschner, Authorized Representative

Typed or printed name of signee