121000354096

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spoke w/ David on 9/15. Wants to add Khosa Holding INC. as AMBR
9115121 Tm

Office Use Only



800372320578

800372320578 09/07/21--01014--002 **25.00

21 SET -7 PH 3: 16

COVER LETTER

TO:	Registration Se Division of Co			
CUD IE		IURST LLC	•	
SUBJEC	.1:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		DAVID BYCK		
			Name of Person	
			Firm/Company	
		8401 LAKE WORTH RD		
			Address	
		LAKE WORTH, FL 3346	7	
			City/State and Zip Code	
		DJBYCK@MSN.COM		
For furth	er information c	e-mail address: (to be used for future annual report	notification)
DAVID :	вуск		561 3509278	
	Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	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 Addres		Street Address	
	Registration S Division of C		Registration Division of O	
	P.O. Box 632			f Tallahassee
•	Tallahassee, I	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP -7 FH 3: 16

126 PINEHURST LLC

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

-	ility Company were filed on 8/5/	2021	and assigned
Florida document number L21000354096			
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.		<u></u>	
maning dutiess MAT BE AT OST OTTREE DO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address have a long to the new Registered Agent:			
New Registered Office Address:	Enter Florie	la street address	
	City	, Florida	Zip Code
_			
New Registered Agent's Signature, if changing Regi	istered Agent:		

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

or removed	l from our records:	•	
MGR = Manager AMBR = Authorized Member		10 M 20 16	
Title	<u>Name</u>	Address 21 SEP -7 PH 3: 16	Type of Action
AMBR	KHOSA HOLDINGS LLC	3930 CORAL RIDGE DR	□Add
		CORAL SPRINGS, FL 33065	≅Remove
AMBR	KHOSA HOLDINGS INC	3930 CORAL RIDGE DR	🗆 Add
		CORAL SPRINGS, FL 33065	□ Remove
			Change
			□Add
			Remove
			□ Change
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Filing Fee: \$25.00