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T. MATTHEWS MAR 23 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LVNa key Klath L. 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:
Annaliza fornation
Name of Person KUNA Key Klad-hy LLC Firm/Company
1706 oth St Sast
Palmetto FC 34221.
City/State and Zip Code
For further information concerning this matter, please call:
MMI / M. Mutara at 30 155399 Name of Person at Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kuna Key Realty LLC

company has been notified in writing of this change.

22 MM 14 PH 3: 55

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

(1.1.101104 5.7.1100	,,,,		
The Articles of Organization for this Limited Liability Company Florida document number L21000393764	were filed on $\frac{9/3/2021}{}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	JLC" 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)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida City: Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ryan James Fornatora	136 Pasture Side Way	
		Rockville, MD 20851	■ Remove
			□ Change
AMBR	Nicholas Ian Eggers	1252 Center Lakes Drive	□Add
		Mount Pleasant, SC 29464	
		· ·	□ Change
			□ Remove
		. ;	
			□Add
			□Remove
			Change
			□Remove
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			Remove

					
					
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this belocument's effective date on the E	st be specific and cam ock does not meet	the applicable	te of filing or more :	(option han 90 days after fil quirements, this d	ing.) Pursuant to 605.020
record specifies a delayed effection is filed.	re date, but not an e	effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
Dated	. 2	022			
	600	iber or authorize	d representative of	ı member	