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| (Re                     | questor's Name)   |               |
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| (Cit                    | ty/State/Zip/Phon | ne #)         |
| PICK-UP                 | WAIT              | MAIL          |
| (Bu                     | siness Entity Na  | me)           |
| (Do                     | ocument Number    | )             |
| Certified Copies        | _ Certificate     | s of Status   |
| Special Instructions to | Filing Officer:   |               |
|                         |                   |               |
|                         |                   | Reid<br>12.21 |
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Office Use Only



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## **COVER LETTER**

| Division of Corporatio                | ns  |  |   | -           |
|---------------------------------------|---|--|---|-------------|
| SUBJECT: KC Rec                       | alty laves                                  | Aments   |   |             |
|                                       | Name of Lim                                 | AMEA IS<br>nited Liability Company                                     | 2021 00000  | M 8: 55     |
|                                       |   |  |   |             |
| The enclosed Articles of Amend        | ment and fee(s) are sub                     | omitted for filing.  |   |             |
| Please return all correspondence      | concerning this matter                      | to the following:  |   |             |
| ·                                     | hey'yon                                     | Soi pes<br>Name of Person  |   |             |
|                                       | · .   | Firm/Company   | <del> </del>  |             |
| · <u>2</u> 1                          | 1081 San S                                  | Mech Way Address   | Apt 105   |             |
| Μ                                     | iami FL                                     | 33179<br>City/State and Zip Code                                       |   |             |
|                                       | E-mail address: (                           | 5 OMail. COM   | rt notification)  |             |
| For further information concerni      | ng this matter, please c                    | all:   |   |             |
| Mey Yon Son<br>Name of Person         | pes   | at ( <u>305)</u> <u>91</u><br>Area Code T                              | 5 2166<br>Daytime Telephone Number                          |             |
| Enclosed is a cheek for the follow    | wing amount:                                |  |   |             |
|                                       | 30,00 Filing Fee &<br>Certificate of Status | \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed | S60,00 Filing Certificate of Certified Col (additional copy | Status & Dy |
| Mailing Address: Registration Section |   | Street Addre   |   |             |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Registration Section** 

TO:

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

| 6 C Realty Investments 2010 1000 1000  |
|--|
| (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  |
| 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 "LLC."   |
| 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 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   |
|  |
| 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<br>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 = Authorized Member

| Title       | <u>Name</u>   | Address               | Type of Action |
|-------------|---------------|-----------------------|----------------|
| AMBR        | Keyyon Snipes | 21081 San Simeon Wa   | 14 Add         |
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| (If an eff<br>Note:         | ve date, if other than the date of filing:  |
| f the recor<br>record is fi | d 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 led. |
| Dated                       |   |
|                             | Spirature of a member of authorized representative of a member  |
|                             | heyyon Sines<br>Typed or printed name of signee   |