Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (859)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAYLA AT NORTH MIAMI, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Help

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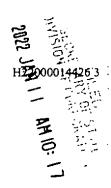
COVER LETTER

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SUBJEC		KAYLA AT NORTH MIAMI, LLC					
SUBJEC	· ·	Name of Lin	nited Liability Company				
The enclo	sed Articles of	Amendment and feo(s) are sub	omitted for filing.				
Please reta	um all correspo	ndence concerning this matter	to the following:				
		JAY KOENIGSBERG					
			Name of Person				
		CARLTON FIELDS, P.A.					
	Firm/Company						
	700 NW 1ST AVENUE, SUITE4 1200						
			Address	<u></u>			
		MIAMI, FLORIDA					
			City/State and Zip Code				
		jkoenigsberg@carttonfields		<u></u>			
		E-mail address: (to be used for flature annual report noti	fication)			
For furthe	r information c	oncerning this matter, please o	all:				
JAY KOE	NIGSBERG		305 539-7333 at ()				
Name of Person			e Telephone Number				
Enclosed i	s a check for th	e following amount:					
□ \$25 .00) Filing Fee	S30.00 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)			
	falling Address		<u>Street Address:</u> Registration Sec	ction			
Registration Section Division of Corporations			Division of Cor				
P	.O. Box 632	7	The Centre of T				
T	allahassee F	O. 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

Taylor Seay 8004323622

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KAYLA AT NORTH MIAMI, LLC			
Name of the Limited	Lability Commany as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Lia	bility Company were filed on JANUARY 7, 2022	and assigned	
Florida document number L22000006875	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited Hability company here:		
KAYLA AT LIBRARY PLACE, LLC			
The new name must be distinguishable and contain the wor	da "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		e name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	Ctty	Ztp 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

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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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Renove
			☐ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
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Note:	(optional) filterive date, if other than the date of filing: filterive date is listed, the date must be specific and comes to prior to date of filing or more than 90 days after filing.) Pursuant to 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be linearl's effective date on the Department of State's records.	iOS.0207 (3 listed as th)(́b) æ
of the recordis f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at iled.	fter the	
Dated	JANUARY'11 / 2022		
			
	Signature of a member or authorized representative of a member		
	VICTOR BROWN, MANAGER Typed or printed name of signee		

Filing Fee: \$25.00