

L22000149581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

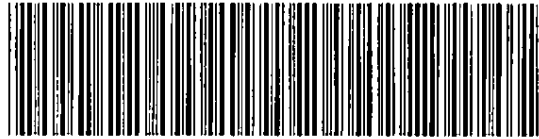
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 28 2022

Office Use Only



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U.S.
TALLAHASSEE, FLORIDA

2022 JUL 27 PM 2:49

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 27 AM 11:26

FILED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 7/27/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1058563

ORDER ENTITY
130 10TH AVE N LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

130 10TH AVE N LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 130 10th Ave N 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:

CARLY DACOSTA

Name of Person

130 10th Ave N LLC

Firm/Company

109 12TH AVE N #2

Address

JACKSONVILLE BEACH FL 32250

City/State and Zip Code

INFO@KRTAXES.COM

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

For further information concerning this matter, please call:

CARLY DACOSTA 706 577-6084

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 JUL 27 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

130 10th Ave N 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 04/08/2022 and assigned
Florida document number 1.22000149581.

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:

(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

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KREI Partnership Manager LLC	2853 S SOSSAMAN RD	<input type="checkbox"/> Add
		STE A-101	<input checked="" type="checkbox"/> Remove
		MESA, AZ 85212	<input type="checkbox"/> Change
MGR	DREI Partnership Manager LLC	2853 S SOSSAMAN RD	<input type="checkbox"/> Add
		STE A-101	<input checked="" type="checkbox"/> Remove
		MESA, AZ 85212	<input type="checkbox"/> Change
MGR	HIP OF THE SPEAR FUND MANAGERS LLC	2853 S SOSSAMAN RD	<input type="checkbox"/> Add
		STE A-101	<input checked="" type="checkbox"/> Remove
		MESA, AZ 85212	<input type="checkbox"/> Change
MGR	Carly DaCosta	2853 S SOSSAMAN RD	<input checked="" type="checkbox"/> Add
		STE A-101	<input type="checkbox"/> Remove
		MESA, AZ 85212	<input type="checkbox"/> Change
MGR	Joshua Kristoff	2853 S SOSSAMAN RD	<input checked="" type="checkbox"/> Add
		STE A-101	<input type="checkbox"/> Remove
		MESA, AZ 85212	<input type="checkbox"/> Change
MGR	Jered DaCosta	2853 S SOSSAMAN RD	<input checked="" type="checkbox"/> Add
		STE A-101	<input type="checkbox"/> Remove
		MESA, AZ 85212	<input type="checkbox"/> Change

[illegible]

(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)

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.

JULY 26 2022
Dated _____, 2022

Capoc

Signature of a member or authorized representative of a member

CARLY DACOSTA

Typed or printed name of signee

Filing Fee: \$25.00